

2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P11000061763

Entity Name: PRIME CARE HEALTH INC.

Current Principal Place of Business:

2700 W CYPRESS CREEK RD
FT LAUDERDALE, FL 33309

Current Mailing Address:

2700 W CYPRESS CREEK RD
FT LAUDERDALE, FL 33309 US

FEI Number: APPLIED FOR

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ABDULAZIZ, JUNAID
2700 W CYPRESS CREEK RD
FT LAUDERDALE, FL 33309 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Officer/Director Detail :

Title P
Name JUNAID, ABDULAZIZ
Address 2700 W CYPRESS CREEK RD
City-State-Zip: FT LAUDERDALE FL 33309

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JUNAID ABDULAZIZ

PRESIDENT

01/09/2017

Electronic Signature of Signing Officer/Director Detail

Date