

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P15000000960

**Entity Name:** PRIME CARE FAMILY HEALTH CENTERS INC.

**Current Principal Place of Business:**

1339 ARLINGTON ST  
ORLANDO, FL 32805

**Current Mailing Address:**

9780 E INDIGO ST #202  
PALMETTO BAY, FL 33157

**FEI Number:** 38-3952190

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

LEVY, RAYMOND  
9780 E INDIGO ST #202  
PALMETTO BAY, FL 33157 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 LEVY, RAYMOND  
Address 9780 E INDIGO ST #202  
City-State-Zip: PALMETTO BAY FL 33157

*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:** RAYMOND LEVY

**PRESIDENT**

**04/13/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date