

2018 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

04/21/2018

Electronic Signature of Signing Officer/Director Detail

Date