

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P15000065309

**Entity Name:** PRIME THERAPY SERVICES CORP

**Current Principal Place of Business:**

4011 WEST FLAGLER ST  
SUITE 306  
MIAMI, FL 33134

**Current Mailing Address:**

4011 WEST FLAGLER ST  
306  
MIAMI, FL 33134 US

**FEI Number:** 47-4726535

**Certificate of Status Desired:** No

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

ISABELLA BEATRIZ FERREIRO TORRALBAS  
8740 SW 12TH ST APT 702  
MIAMI, FL 33174 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 ISABELLA BEATRIZ FERREIRO  
TORRALBAS  
Address 8740 SW 12TH ST APT 702  
City-State-Zip: MIAMI FL 33174

Title VP  
Name MASPOCH, SERGIO JR  
Address 8740 SW 12TH ST APT 702  
City-State-Zip: MIAMI FL 33174

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:** ISABELLA BEATRIZ FERREIRO TORRALBAS

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04/21/2016

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

\_\_\_\_\_  
Date