

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P95000073279

**Entity Name:** PRIMECARE, INC.

**Current Principal Place of Business:**

6857 NW 110TH WAY  
PARKLAND, FL 33076

**FILED**  
**Apr 28, 2014**  
**Secretary of State**  
**CC1571733808**

**Current Mailing Address:**

P.O. BOX 771423  
CORAL SPRINGS, FL 33077 US

**FEI Number: 65-0610813**

**Certificate of Status Desired: No**

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

KISSANE, DENISE R  
6857 NW 110TH WAY  
PARKLAND, FL 33076 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 DS  
Name KISSANE, DENISE R  
Address 6857 NW 110TH WAY  
City-State-Zip: PARKLAND FL 33076

Title S  
Name ROQUE, ERIN K  
Address 15793 GLEN WILLOW LANE  
City-State-Zip: WELLINGTON FL 33414

Title T  
Name KISSANE, KELSEY L  
Address 6857 NW 110TH WAY  
City-State-Zip: PARKLAND FL 33076

*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: DENISE R KISSANE**

**DS**

**04/28/2014**

Electronic Signature of Signing Officer/Director Detail

Date