

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000029173

Entity Name: PRIMECARE AT TWIN LAKES, LLC

Current Principal Place of Business:

298 S. YONGE STREET
ORMOND BEACH, FL 32174

Current Mailing Address:

298 S. YONGE STREET
ORMOND BEACH, FL 32174 US

FEI Number: 45-0527284

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

DUVA, CHARLES DM.D.
298 S. YONGE STREET
ORMOND BEACH, FL 32174 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

Authorized Person(s) Detail :

Title MGRM
Name PRIMECARE ACQUISITION, INC.
Address 298 S. YONGE STREET
City-State-Zip: ORMOND BEACH FL 32174

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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: CHARLES DUVA, MD

MANAGING MEMBER

03/01/2017

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date