

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000054993

Entity Name: PRIMECARE NORTH TAMPA, LLC

Current Principal Place of Business:

13801 BRUCE B. DOWNS BLVD
SUITE 104
TAMPA, FL 33613

Current Mailing Address:

3000 MEDICAL PARK DRIVE SUITE 450
TAMPA, FL 33613 US

FEI Number: 26-0224242

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GRAYROBINSON, P.A.
201 N. FRANKLIN ST
SUITE 2200
TAMPA, FL 33602 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 REVELLO, MARTIN
Address 13801 BRUCE B. DOWNS BLVD., STE.
104
City-State-Zip: TAMPA FL 33613

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: MARTIN REVELLO

MGRM

04/28/2015

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date