

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000076799

Entity Name: PRIMECARE GANDY, LLC

Current Principal Place of Business:

4543 S MANHATTAN AVE
SUITE 101
TAMPA, FL 33611

Current Mailing Address:

2919 SWANN AVE SUITE 400A
TAMPA, FL 33609 US

FEI Number: 26-0585617

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 4543 S MANHATTAN AVE, STE. 101
City-State-Zip: TAMPA FL 33611

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