

**2014 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

MGR

04/23/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date