

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000023513

Entity Name: PRIMECARE OF CORAL GABLES, L.L.C.

Current Principal Place of Business:

299 ALHAMBRA CIRCLE
CORAL GABLES, FL 33134-5106

Current Mailing Address:

299 ALHAMBRA CIRCLE
CORAL GABLES, FL 33134-5106

FEI Number: 32-0349690

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ROSEN, JEFFREY BM.D.
299 ALHAMBRA CIRCLE
CORAL GABLES, FL 33134-5106 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 PRIMEHEALTH PHYSICIANS, LLC
Address 9045 SW 87TH COURT
City-State-Zip: MIAMI FL 33176

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: KAREN ROSEN

SECRETARY

01/10/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date