| l Number: 47-3270091   | Certificat        |
|--|-------------------|
| me and Address of Current Registered Agent:  |                   |
| ICK, SCOTT A ESQ.<br>27 COMMERCIAL WAY<br>13<br>RING HILL, FL 34606 US                             |                   |
| above named entity submits this statement for the purpose of changing its registered office or reg | istered agent, or |

The or both, in the State of Florida.

| SIGNATURE                     | SCOTT A. FRICK, ESQ.                     |                 |                        | 03/04/2019 |  |
|-------------------------------|--|-----------------|------------------------|------------|--|
|                               | Electronic Signature of Registered Agent |                 |                        | Date       |  |
| Authorized Person(s) Detail : |  |                 |                        |            |  |
| Title                         | MGR                                      | Title           | MGR                    |            |  |
| Name                          | SINGH, PARIKSITH                         | Name            | PRIMECARE, LLC         |            |  |
| Address                       | 1214 MARINER BOULEVARD                   | Address         | 1214 MARINER BOULEVARD |            |  |
| City-State-Zip:               | SPRING HILL FL 34609                     | City-State-Zip: | SPRING HILL FL 34609   |            |  |
| Title                         | OTHER                                    | Title           | OTHER                  |            |  |
| Name                          | GULF COAST ACRES, LLC                    | Name            | MEDINA, LLC            |            |  |
| (                             | 5327 COMMERCIAL WAY                      | Address         | 5901 WEBB RD           |            |  |
|                               | C113<br>SPRING HILL, FL 34606 FL 34606   | City-State-Zip: | TAMPA FL 33615         |            |  |

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.

MGR

SIGNATURE: PARIKSITH SINGH

Electronic Signature of Signing Authorized Person(s) Detail

ate of Status Desired: No

## 2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000009494

Entity Name: PRIMECARE DOCTORS, LLC

## **Current Principal Place of Business:**

1198 MARINER BOULEVARD SPRING HILL, FL 34609

## **Current Mailing Address:**

**1214 MARINER BOULEVARD** SPRING HILL, FL 34609

## FEI

Nar

FRIC 5327 C11 SPR

03/04/2019

Date