

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000009494

**FILED**  
**Mar 12, 2018**  
**Secretary of State**  
**CC1043843468**

**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 Number:** 47-3270091

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

FRICK, SCOTT A ESQ.  
5327 COMMERCIAL WAY  
C113  
SPRING HILL, FL 34606 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:** SCOTT A. FRICK, ESQ.

03/12/2018

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title	MGR
Name	SINGH, PARIKSITH
Address	1214 MARINER BOULEVARD
City-State-Zip:	SPRING HILL FL 34609
Title	OTHER
Name	GULF COAST ACRES, LLC
Address	5327 COMMERCIAL WAY C113
City-State-Zip:	SPRING HILL, FL 34606 FL 34606

Title	MGR
Name	PRIMECARE, LLC
Address	1214 MARINER BOULEVARD
City-State-Zip:	SPRING HILL FL 34609
Title	OTHER
Name	MEDINA, LLC
Address	5901 WEBB RD
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.*

**SIGNATURE:** /S/ SCOTT A. FRICK, ESQ.

**ATTORNEY**

03/12/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date