| 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: | SCOTT A. FRICK, ESQ. | | | 03/18/2024 |
| | | Electronic Signature of Registered Agent | | | Date |
| Authorized Person(s) Detail : | | | | | |
| | Title | MGR | Title | PRESIDENT | |
| | Name S | SINGH, PARIKSITH | Name | ROMEO, MATT | |
| | Address | 1214 MARINER BOULEVARD | Address | 1214 MARINER BOULEVARD | |
| | | | | | |

Current Mailing Address:

1198 MARINER BOULEVARD SPRING HILL, FL 34609

1214 MARINER BOULEVARD SPRING HILL, FL 34609

FEI Number: 47-3270091

City-State-Zip: SPRING HILL FL 34609

Name and Address of Current Registered Agent:

FRICK, SCOTT A ESQ. 1005 N MARION STREET TAMPA

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: PARIKSITH SINGH, M.D.

MGR

City-State-Zip: SPRING HILL FL 34609

03/18/2024 Date

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000009494

Entity Name: PRIMECARE DOCTORS, LLC

Current Principal Place of Business:

FILED Mar 18, 2024 Secretary of State 4198577896CC

Certificate of Status Desired: No

Electronic Signature of Signing Authorized Person(s) Detail