

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000094402

Entity Name: PRIME CARE ALLIANCE LLC

Current Principal Place of Business:

14499 N. DALE MABRY HIGHWAY
149S
TAMPA, FL 33618

Current Mailing Address:

P/O/ BOX 271406
TAMPA, FL 33688

FEI Number: APPLIED FOR

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

TATE, PAT
14499 N. DALE MABRY HWY
149S
TAMPA, FL 33618 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 MGR
Name COMMEDORE, EMILE C
Address P.O. BOX 271386
City-State-Zip: TAMPA FL 33688

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: EMILE COMMEDORE

MGR

04/26/2017

Electronic Signature of Signing Authorized Person(s) Detail

_____ Date