

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000094402

**Entity Name:** PRIME CARE ALLIANCE LLC

**Current Principal Place of Business:**

14310 N. DALE MABRY HWY  
100  
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  
14310 N. DALE MABRY HWY  
100  
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

04/06/2018

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_ Date