2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 28, 2017
Secretary of State
CC5122871998

DOCUMENT# L16000093425

Entity Name: MIDWAY PRIMARY CARE, LLC

Current Principal Place of Business:

356 E MIDWAY RD
FT PIERCE, FL 34982

Current Mailing Address:

356 E MIDWAY RD
FT PIERCE, FL 34982 US

FEI Number: 30-0940809

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HAYDEN, KATHRYN E
356 E MIDWAY RD
FT PIERCE, FL 34982 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	MGRM
Name	MIDWAY SPECIALTY CARE CENTER, INC.
Address	356 E MIDWAY RD
City-State-Zip:	FT PIERCE FL 34982

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: KATHRYN HAYDEN OFFICER 02/28/2017

Electronic Signature of Signing Authorized Person(s) Detail — Date