

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000255840

Entity Name: PRIMECARE FAMILY MEDICAL CENTERS OSCEOLA, LLC

Current Principal Place of Business:

217 EAST OAK ST.
KISSIMMEE, FL 34744-4503

Current Mailing Address:

7765 NW 48TH STREET #300
DORAL, FL 33166 US

FEI Number: 82-3707187

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CASANOVA, RENE MD
7765 NW 48TH STREET #300
DORAL, FL 33166 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 CASANOVA, RENE MD
Address 7765 NW 48TH STREET #300
City-State-Zip: DORAL FL 33166

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: RENE CASANOVA

MGR

04/13/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date