

**2019 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**

**MG**

**04/10/2019**

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

\_\_\_\_\_  
Date