

2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L19000142848

Entity Name: MEDI PRIME CARE, LLC

Current Principal Place of Business:

109 MARGARET ST
BRANDON, FL 33511

Current Mailing Address:

109 MARGARET ST
BRANDON, FL 33511 US

FEI Number: 84-2024516

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CABAN, FRANCIS A MD
109 MARGARET ST
BRANDON, FL 33511 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: CABAN A FRANCIS MD

03/12/2025

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title AUTHORIZED MEMBER

Name CABAN, ANA M

Address 109 MARGARET ST

City-State-Zip: BRANDON FL 33511

Title MGR

Name CABAN, FRANCIS A MD

Address 109 MARGARET ST

City-State-Zip: BRANDON FL 33511

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: FRANCIS A CABAN

CABANFINANCE@GMAIL. 03/12/2025
COM

Electronic Signature of Signing Authorized Person(s) Detail

Date