

2023 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

03/29/2023

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**PRESIDENT**

03/29/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date