

**2017 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M06000005134

**Entity Name:** PRIMARY CARE ASSOCIATES OF NORTH PALM BEACH, LLC

**FILED**  
**Mar 14, 2017**  
**Secretary of State**  
**CC334826221**

**Current Principal Place of Business:**

4960 SW 72ND AVENUE  
SUITE 406  
MIAMI, FL 33155

**Current Mailing Address:**

4960 SW 72ND AVENUE  
SUITE 406  
MIAMI, FL 33155 US

**FEI Number:** 20-5569262

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

NRAI SERVICES, INC  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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 MCCI HOLDINGS, LLC  
Address 4960 SW 72ND AVENUE  
SUITE 406  
City-State-Zip: MIAMI FL 33155

*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:** JOSE ARMAS

**MANAGER OF MANAGING** 03/14/2017  
**MEMBER**

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

\_\_\_\_\_ Date