

**2021 FLORIDA PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P04000052838

**Entity Name:** PREMIER FAMILY HEALTH, P.A.

**Current Principal Place of Business:**

1037 S. STATE ROAD 7  
SUITE 211  
WELLINGTON, FL 33414

**Current Mailing Address:**

1037 S. STATE ROAD 7  
SUITE 211  
WELLINGTON, FL 33414

**FEI Number:** 61-1468602

**Certificate of Status Desired:** No

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

ROBBINS, STEVE ESQ.  
2047 PALM BEACH LAKES BLVD  
STE 100  
WEST PALM BEACH, FL 33409 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:** STEVE ROBBINS

10/06/2021

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PD  
Name APICELLA, VINCENT M  
Address 1037 STATE ROAD 7, SUITE 211  
City-State-Zip: WELLINGTON FL 33414

Title STD  
Name BAGO, MARIACLARA E  
Address 1037 S. STATE ROAD 7  
SUITE 211  
City-State-Zip: WELLINGTON FL 33414

Title PRESIDENT  
Name NELSON, JUAN ANTHONY  
Address 1037 S. STATE ROAD 7  
SUITE 211  
City-State-Zip: WELLINGTON FL 33414

*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 an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** MARIACLARA BAGO

CFO

10/06/2021

Electronic Signature of Signing Officer/Director Detail

Date