

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000042859

Entity Name: PREMIUM HEALTH CARE SERVICES CORP

Current Principal Place of Business:

570 WEST 29TH STREET
APT # 36
HIALEAH, FL 33012

Current Mailing Address:

570 WEST 29TH STREET
APT # 36
HIALEAH, FL 33012 US

FEI Number: 27-0216680

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BUSINESS ACCOUNTING PROFESSIONALS
17670 NW 78 AV
SUITE 208
MIAMI, FL 33015 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

Officer/Director Detail :

Title P
Name MARTINEZ, RODOLFO
Address 570 WEST 29TH STREET
APT # 36
City-State-Zip: HIALEAH FL 33012

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: RODOLFO MARTINEZ

P

03/21/2015

Electronic Signature of Signing Officer/Director Detail

Date