2025 FLORIDA PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2025
Secretary of State
5784986794CC

DOCUMENT# P20000058312

Entity Name: PREMIER PROVIDER HEALTH FLORIDA, P.A.

Current Principal Place of Business:

1 CHISHOLM TRAIL, SUITE 5200
ROUND ROCK, TX 78681

Current Mailing Address:

12 TRUSS DR, SUITE 105
ATTN: WES HOLLAND
BOERNE, TX 78006 US

FEI Number: 85-2852734

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
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

Officer/Director Detail :

Title	P
Name	PHAM HULEN, HAN M.D.
Address	1 CHISHOLM TRAIL, SUITE 5200
City-State-Zip:	ROUND ROCK TX 78681

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: HAN PHAM HULEN, MD PRESIDENT 04/03/2025

Electronic Signature of Signing Officer/Director Detail — Date