

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000057758

Entity Name: PREMIERMD MSO, LLC

Current Principal Place of Business:

729 E ATLANTIC BLVD
POMPANO BEACH, FL 33060

Current Mailing Address:

PO BOX 39709
FT. LAUDERDALE, FL 33339-9709

FEI Number: 46-0766367

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SILVERSTEIN, SCOTT D.O.
729 E ATLANTIC BLVD
POMPANO BEACH, FL 33060 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 MANAGING MEMBER
Name TOLEDANO, VICTOR DR.
Address 3465 GALT OCEAN DRIVE
 SUITE 101
City-State-Zip: FORT LAUDERDALE FL 33308

Title MANAGING MEMBER
Name MCKENZIE, WILFRED DR.
Address 1625 SE THIRD AVENUE
 SUITE 400
City-State-Zip: FORT LAUDERDALE FL 33316

Title MANAGING MEMBER
Name GRAFF, ALAN DR.
Address 3061 E. COMMERCIAL BLVD.
City-State-Zip: FORT LAUDERDALE FL 33308

Title MANAGING MEMBER
Name PRESTE, PAUL DR.
Address 3075 E, COMMERCIAL BLVD.
 SUITE 1A
City-State-Zip: FORT LAUDERDALE FL 33308-4318

Title MANAGING MEMBER
Name SILVERSTEIN, SCOTT A DR.
Address 729 E. ATLANTIC BLVD.
City-State-Zip: POMPANO BEACH FL 33060

Title MANAGING MEMBER
Name WONG, ANTONIO DR.
Address 501 N.W. 179 AVENUE
City-State-Zip: PEMBROKE PINES FL 33029

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: SCOTT SILVERSTEIN

MANAGING MEMBER

02/25/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date