2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000057758

Entity Name: PREMIERMD MSO, LLC

Current Principal Place of Business:

3465 GALT OCEAN DRIVE STE 203 FORT LAUDERDALE. FL 33308

Current Mailing Address:

3465 GALT OCEAN DRIVE STE 203 FORT LAUDERDALE, FL 33308

FEI Number: 46-0766367 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SILVERSTEIN, SCOTT D.O. 3465 GALT OCEAN DRIVE STE 203 FORT LAUDERDALE, FL 33308 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

FILED Apr 12, 2015

Secretary of State

CC3197519218

Authorized Person(s) Detail:

TitleMANAGING MEMBERTitleMANAGING MEMBERNameTOLEDANO, VICTOR DR.NameMCKENZIE, WILFRED DR.Address3465 GALT OCEAN DRIVEAddress1625 SE THIRD AVENUE

SUITE 101 SUITE 400

City-State-Zip: FORT LAUDERDALE FL 33308 City-State-Zip: FORT LAUDERDALE FL 33316

Title MANAGING MEMBER Title MANAGING MEMBER

Name GRAFF, ALAN DR. Name SILVERSTEIN, SCOTT A DR.

Address 3061 E. COMMERCIAL BLVD. Address 729 E. ATLANTIC BLVD.

City-State-Zip: FORT LAUDERDALE FL 33308 City-State-Zip: POMPANO BEACH FL 33060

Title MANAGING MEMBER Title COO

Name WONG, ANTONIO DR. Name FATER, DAVID H

Address 501 N.W. 179 AVENUE Address 3465 GALT OCEAN DRIVE STE 203

City-State-Zip: PEMBROKE PINES FL 33029 City-State-Zip: FORT LAUDERDALE FL 33308

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: DAVID H. FATER

CHIEF OPERATING OFFICER

04/12/2015