I hereby certify that the information indicated on this report or supplemental report is true and accu oath; that I am a managing member or manager of the limited liability company or the receiver or t		
that my name appears above, or on an attachment with all other like empowered.		
SIGNATURE <sup>,</sup> ALAN RUBENSTEIN	000	01/05/2016

SIGNATURE: ALAN RUBENSTEIN

Electronic Signature of Signing Authorized Person(s) Detail

# DOCUMENT# L13000009413 Entity Name: PREMIER MEDICAL AND MARKETING CONSULTING LLC

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

## **Current Principal Place of Business:**

6163 NW 33RD AVENUE BOCA RATON, FL 33496

## **Current Mailing Address:**

6163 NW 33RD AVENUE BOCA RATON, FL 33496

## FEI Number: 46-5688440

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

RUBENSTEIN, PATTI LYNN 6163 NW 33RD AVENUE BOCA RATON, FL 33496 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

#### Authorized Person(s) Detail :

Title	MGR	Title	COO
Name	RUBENSTEIN, PATTI LYNN	Name	RUBENSTEIN, ALAN
Address	6163 NW 33RD AVENUE	Address	6163 NW 33RD AVENUE
City-State-Zip:	BOCA RATON FL 33496	City-State-Zip:	BOCA RATON FL 33496

COO

Certificate of Status Desired: No

FILED Jan 05, 2016 Secretary of State CC8945596610

Date

Date