

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000120742

Entity Name: PREMIER VALUE FAMILY MEDICINE,LLC

Current Principal Place of Business:

8348 SW 40 ST
MIAMI, FL 33155

Current Mailing Address:

8348 SW 40 ST
MIAMI, FL 33155

FEI Number: 46-3517668

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MORONO-PONCE, IDAYLIS
8348 SW 40 ST
MIAMI, FL 33155 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 MGRM
Name MORONO-PONCE, IDAYLIS MD
Address 8120 SW 13 ST
City-State-Zip: MIAMI FL 33144

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: IDAYLIS MORONO-PONCE

P

02/17/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date