

**2015 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

Title MGRM  
Name MORONO, LEYDIS DR.  
Address 8348 SW 40 ST  
City-State-Zip: MIAMI FL 33155

*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 MD**

**PRESIDENT**

**04/25/2015**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date