

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000175577

**FILED  
Jan 30, 2014  
Secretary of State  
CC2229471261**

**Entity Name:** PREMIER SUPERVISING PHYSICIANS, LLC

**Current Principal Place of Business:**

2525 HARBOR BLVD.  
SUITE 104  
PORT CHARLOTTE, FL 33952

**Current Mailing Address:**

2525 HARBOR BLVD.  
SUITE 104  
PORT CHARLOTTE, FL 33952 US

**FEI Number: 46-4355072**

**Certificate of Status Desired: No**

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

WALKER, GARY  
202 S. ROME AVENUE  
SUITE 100  
TAMPA, FL 33606 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            MGR  
Name            BLACK, BRENT D M.D.  
Address        2525 HARBOR BLVD., SUITE 104  
City-State-Zip: PORT CHARLOTTE FL 33952

Title            MGR  
Name            VALENTE, MARGARET M.D.  
Address        2525 HARBOR BLVD., SUITE 104  
City-State-Zip: PORT CHARLOTTE FL 33952

*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: BRENT BLACK, MD**

**MGR**

**01/30/2014**

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

\_\_\_\_\_  
Date