

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000175904

**Entity Name:** PREMIER CARE ASSOCIATES, LLC.

**Current Principal Place of Business:**

814 PONCE DE LEON BLVD.  
SUITE 300  
CORAL GABLES, FL 33134

**Current Mailing Address:**

P O BOX 144920  
CORAL GABLES, FL 33114 US

**FEI Number:** 47-2390749

**Certificate of Status Desired:** No

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

PAZOS, VICTOR  
7100 W 20TH AVENUE  
SUITE G166  
HIALEAH, FL 33016 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:** VICTOR PAZOS

02/26/2019

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name PAZOS, VICTOR DR.  
Address 7100 WEST 20TH AVE. G-166  
City-State-Zip: HIALEAH FL 33016

*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:** VICTOR PAZOS

**DIRECTOR**

02/26/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date