

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000061764

Entity Name: PREMIER CARE PROFESSIONALS, LLC**Current Principal Place of Business:**4725 US HWY 98 S #102
LAKELAND, FL 33812**Current Mailing Address:**4725 US HWY 98 S #102
LAKELAND, FL 33812 US**FEI Number:** 20-3393017**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**NATIONAL CORPORATE RESEARCH, LTD., INC.
115 N CALHOUN ST #4
TALLAHASSEE, FL 32301 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	MANAGER
Name	CANTO, EDUARDO MD
Address	4725 US HWY 98 S #102
City-State-Zip:	LAKELAND FL 33812

Title	MANAGER, PRESIDENT, CEO
Name	PICHARDO, NELSON MD
Address	4725 US HWY 98 S #102
City-State-Zip:	LAKELAND FL 33812

Title	MANAGER, COO
Name	PICHARDO, PATRICIA
Address	4725 US HWY 98 S #102
City-State-Zip:	LAKELAND FL 33812

Title	VP
Name	WALTER , JOSEPH
Address	4725 US HWY 98 S #102
City-State-Zip:	LAKELAND FL 33812

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: NELSON PICHARDO, MD**PRESIDENT****02/27/2017**_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date