

2019 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L16000061764

Entity Name: PREMIER CARE PROFESSIONALS, LLC**Current Principal Place of Business:**6675 WESTWOOD BLVD
STE 475
ORLANDO, FL 32821**Current Mailing Address:**6675 WESTWOOD BLVD
STE 475
ORLANDO, FL 32821 US**FEI Number:** 20-3393017**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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:** BRIAN MUELLER - ASSISTANT SECRETARY

06/24/2019

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title	BOARD MEMBER
Name	LIEBERMANN, ETHAN
Address	200 CLAREDON STREET 56TH FLOOR
City-State-Zip:	BOSTON MA 02116
Title	CFO
Name	CREMATA, ARMANDO
Address	6675 WESTWOOD BLVD, SUITE 475
City-State-Zip:	ORLANDO FL 32821
Title	CHIEF MEDICAL OFFICER
Name	RODRIGUEZ, DR. SARAH
Address	6675 WESTWOOD BLVD, SUITE 475
City-State-Zip:	ORLANDO FL 32821
Title	MANAGER
Name	PICHARDO, NELSON
Address	6675 WESTWOOD BLVD STE 475
City-State-Zip:	ORLANDO FL 32821

Title	BOARD MEMBER
Name	CARTER, MARK
Address	200 CLAREDON STREET 56TH FLOOR
City-State-Zip:	BOSTON MA 02116
Title	CONTROLLER
Name	THOMPSON, LOGAN
Address	6675 WESTWOOD BLVD, SUITE 475
City-State-Zip:	ORLANDO FL 32821
Title	MANAGER
Name	PICHARDO, PATRICIA
Address	6675 WESTWOOD BLVD STE 475
City-State-Zip:	ORLANDO FL 32821

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: LOGAN THOMPSON**CONTROLLER**

06/24/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date