

2020 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

05/21/2020

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MANAGER
Name CARTER, MARK
Address 6675 WESTWOOD BLVD.,STE 475
City-State-Zip: ORLANDO FL 32821

Title MANAGER
Name CREMATA, ARMAND
Address 6675 WESTWOOD BLVD.,STE 475
City-State-Zip: ORLANDO FL 32821

Title MANAGER
Name LIEBERMANN, ETHAN
Address 6675 WESTWOOD BLVD.,STE 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 MANAGER
Name PICHARDO, PATRICIA
Address 6675 WESTWOOD BLVD.,STE 475
City-State-Zip: ORLANDO FL 32821

Title MANAGER
Name RODRIGUEZ, SARAH
Address 6675 WESTWOOD BLVD.,STE 475
City-State-Zip: ORLANDO FL 32821

Title MANAGER
Name THOMPSON, LOGAN
Address 6675 WESTWOOD BLVD.,STE 475
City-State-Zip: ORLANDO FL 32821

Title MANAGER
Name WALKER, DONNA
Address 6675 WESTWOOD BLVD.,STE 475
City-State-Zip: ORLANDO FL 32821

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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

MANAGER

05/21/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date

Authorized Person(s) Detail Continued :

Title	MANAGER
Name	LEENAY, MARK
Address	6675 WESTWOOD BLVD.,STE 475
City-State-Zip:	ORLANDO FL 32821