

2019 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:**6675 WESTWOOD BLVD,
SUITE 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

03/05/2019

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 BOARD MEMBER
Name CARTER, MARK
Address 200 CLAREDON STREET
56TH FLOOR
City-State-Zip: BOSTON MA 02116

Title CEO
Name ALBRIGHT, CRAIG
Address 6675 WESTWOOD BLVD,
SUITE 475
City-State-Zip: ORLANDO FL 32821

Title CFO
Name CREMATA, ARMANDO
Address 6675 WESTWOOD BLVD,
SUITE 475
City-State-Zip: ORLANDO FL 32821

Title CONTROLLER
Name THOMPSON, LOGAN
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

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**AUTHORIZED PERSON**

03/05/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date