

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000155534

**FILED**  
**Jan 16, 2018**  
**Secretary of State**  
**CC9605912250**

**Entity Name:** PREMIER SPECIALTY GROUP FL LLC

**Current Principal Place of Business:**

3458 LAKESHORE DR  
TALLAHASSEE, FL 32312

**Current Mailing Address:**

3900 S HUALAPAI WAY STE 138  
ATTN: CHRISTINE WALLACE  
LAS VEGAS, NV 89147 US

**FEI Number:** 82-2237430

**Certificate of Status Desired:** No

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

URS AGENTS, LLC  
3458 LAKESHORE DR  
TALLAHASSEE, FL 32312 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 MGR  
Name OHANA MEDICAL CONSULTANTS LLC  
Address 3900 S HUALAPAI WAY STE 122  
City-State-Zip: LAS VEGAS NV 89147

Title MGR  
Name CA MEDICAL SOLUTIONS LLC  
Address 3900 S HUALAPAI WAY STE 122  
City-State-Zip: LAS VEGAS NV 89147

*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:** CHRISTINE WALLACE

**CFO**

**01/16/2018**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date