

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000229339

Entity Name: PREMIUM MEDICINE OF FLORIDA, LLC

Current Principal Place of Business:

160 MINNEHAHA ROAD
MAITLAND, FL 32751

Current Mailing Address:

160 MINNEHAHA ROAD
MAITLAND, FL 32751

FEI Number: 83-2181139

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

NOGUERA, GUILLERMO E
160 MINNEHAHA ROAD
MAITLAND, FL 32751 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 NOGUERA, GUILLERMO
Address 160 MINNEHAHA ROAD
City-State-Zip: MAITLAND FL 32751

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: GUILLERMO NOGUERA

MANAGER

04/01/2019

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date