

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L01000005625

**FILED**  
**Apr 29, 2012**  
**Secretary of State**

**Entity Name:** FLORIDA PREMIER HEALTH CARE, LLC

**Current Principal Place of Business:**

3465 GALT OCEAN DR.  
FT. LAUDERDALE, FL 33308

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 11457  
FT. LAUDERDALE, FL 33339

**New Mailing Address:**

**FEI Number:** 65-1090741

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

TOLEDANO, VICTOR  
3465 GALT OCEAN DR  
FORT LAUDERDALE, FL 33308 US

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

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

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: TOLEDANO, VICTOR  
Address: 3465 GALT OCEAN DR  
City-St-Zip: FT. LAUDERDALE, FL 33308

I hereby certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: VICTOR TOLEDANO

DIR

04/29/2012

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Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date