2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 21, 2005
Secretary of State

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Entity Name: PREMIER HEALTH CLINIC, LLC

Current Principal Place of Business:

3955 N FEDERAL HWY
POMPANO BEACH, FL 33064

New Principal Place of Business:

Current Mailing Address:

3955 N FEDERAL HWY
POMPANO BEACH, FL 33064

New Mailing Address:

FEI Number: 05-0604753 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DICRISTOFARO, DANIEL DR
1801 S. FEDERAL HIGHWAY STE. 220
DELRAY BEACH, FL 33483 US

Name and Address of New Registered Agent:

DICRISTOFARO, DANIEL DR
3955 N. FEDERAL HIGHWAY
POMPANO BEACH, FL 33064 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: _____ 03/21/2005
Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MEMBERS:

Title: MGR ( ) Delete
Name: DICRISTOFARO, DANIEL
Address: 3955 N FEDERAL HWY
City-St-Zip: POMPANO BEACH, FL 33064

Title: MGR ( ) Delete
Name: CONTOGIANNIS, DANIEL
Address: 3955 N FEDERAL HWY
City-St-Zip: POMPANO BECAH, FL 33064

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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: DR. DANIEL DICRISTOFARO V.P 03/21/2005
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date