2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 11, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000041540

1. Entity Name
PREMIER HEALTH CLINIC, LLC

Principal Place of Business	Mailing Address
3955 N FEDERAL HWY POMPANO BEACH, FL 33064	3955 N FEDERAL HWY POMPANO BEACH, FL 33064

01062006 No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
05-0604753
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

DICRISTOFARO, DANIEL DR
3955 N. FEDERAL HIGHWAY
POMPANO BEACH, FL 33064

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and date if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2006

100000383010
01/12/06-80037-001 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	DICRISTOFARO, DANIEL
STREET ADDRESS	3955 N FEDERAL HWY
CITY-ST-ZIP	POMPANO BEACH, FL 33064
TITLE	MGR
NAME	CONTOGIANNIS, DANIEL
STREET ADDRESS	3955 N FEDERAL HWY
CITY-ST-ZIP	POMPANO BECAH, FL 33064
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: _____ DANIEL DICRISTOFARO JAN 6, 2006 9549829797
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #