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Jul 15, 2008 8:00 am
Secretary of State
07-15-2008 90006 020 ***138.75

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000022926

1. Entity Name
PREMIERE CENTER, LLC

Principal Place of Business	Mailing Address
4801 N. HABANA AVE TAMPA, FL 33614 US	4801 N. HABANA AVE TAMPA, FL 33614 US

DO NOT WRITE IN THIS SPACE

07102008 No Chg-LLC CR2E083 (12/07)

4. FEI Number
74-3141216
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

~~NRAI SERVICES, INC.~~
~~520 E. PARK AVENUE~~
~~TALLAHASSEE, FL 32301~~
Amy Bailey
4801 N. Habana Ave.
Tampa, FL
33614

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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: Amy Bailey 7-11-08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $138.75
Due by September 12, 2008

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	WELDEN, LENORA
STREET ADDRESS	4801 N. HABANA AVE
CITY-ST-ZIP	TAMPA, FL 33614
TITLE	VP
NAME	Stephen W. Welden, M.D.
STREET ADDRESS	4801 N. Habana Ave.
CITY-ST-ZIP	Tampa, FL 33614
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: L Welden 7-11-08 813-876-4731
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #