

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000074714

**FILED**  
**Jan 08, 2010**  
**Secretary of State**

**Entity Name:** PREMIER MEDICAL SOLUTIONS, L.L.C.

**Current Principal Place of Business:**

11195 MILLPOND GREENS DRIVE  
BOYNTON BEACH, FL 33473

**New Principal Place of Business:**

**Current Mailing Address:**

11195 MILLPOND GREENS DRIVE  
BOYNTON BEACH, FL 33473

**New Mailing Address:**

**FEI Number:** 47-0958570

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

YOUNG, EVELYN  
4111 SW 25TH ST. #13  
KEY YOUNG ASSOC. INC.  
FT. LAUDERDALE, FL 33317 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: P  
Name: BENITEZ COSMIOS, YESSYKA  
Address: 11195 MILLPOND GREENS DRIVE  
City-St-Zip: BOYNTON BEACH, FL 33473

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: YESSYKA B. COSMIOS

PRES

01/08/2010

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