

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000056690

FILED  
Apr 27, 2008  
Secretary of State

Entity Name: PREMIER PRACTITIONER GROUP LLC

**Current Principal Place of Business:**

318 TRINIDAD DRIVE  
SATELLITE BEACH, FL 32937

**New Principal Place of Business:**

**Current Mailing Address:**

318 TRINIDAD DRIVE  
SATELLITE BEACH, FL 32937

**New Mailing Address:**

FEI Number: 20-5035684

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SHIFFLETT, JOANNE L  
318 TRINIDAD DRIVE  
SATELLITE BEACH, FL 32937 US

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

SHIFFLETT BEAM, JOANNE L  
318 TRINIDAD DRIVE  
SATELLITE BEACH, FL 32937 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: JOANNE SHIFFLETT BEAM

04/27/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: SHIFFLETT, JOANNE L  
Address: 318 TRINIDAD DRIVE  
City-St-Zip: SATELLITE BEACH, FL 32937

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: SHIFFLETT BEAM, JOANNE L  
Address: 318 TRINIDAD DRIVE  
City-St-Zip: SATELLITE BEACH, FL 32937

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: JOANNE SHIFFLETT BEAM

MGR

04/27/2008

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