

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000111021

Entity Name: PREMIER CLINIC, LLC

**FILED**  
**Mar 05, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

7807 BAYMEADOWS RD E, SUITE 209  
JACKSONVILLE, FL 32256 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 551076  
JACKSONVILLE, FL 32255 US

**New Mailing Address:**

FEI Number: 30-0415919

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SHEPPARD, SEAN P ESQ  
SHEPPARD & SHEPPARD, P.A.  
1301 PLANTATION ISLAND DRIVE S., STE. 204  
ST. AUGUSTINE, FL 32080 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: PATEL, DINESH D  
Address: 7807 BAYMEADOWS RD E, SUITE 209  
City-St-Zip: JACKSONVILLE, FL 32256 US

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: DINESH D. PATEL

PRES

03/05/2010

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