

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000006683

Entity Name: PREMIER MEDESCAPE LLC

FILED  
Apr 04, 2008  
Secretary of State

**Current Principal Place of Business:**

917 MILL CREEK DR.  
PALM BEACH GARDENS, FL 33410

**New Principal Place of Business:**

**Current Mailing Address:**

917 MILL CREEK DR.  
PALM BEACH GARDENS, FL 33410

**New Mailing Address:**

4521 P.G.A. BOULEVARD  
#377  
PALM BEACH GARDENS, FL 33418

FEI Number: 20-8265457

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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: MGR ( ) Delete  
Name: GASPARONI, CJ  
Address: 917 MILL CREEK DR.  
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: GASPARONI, CJ  
Address: 4521 P.G.A. BOULEVARD, #377  
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: MGRM ( ) Change (X) Addition  
Name: GASPARONI, LOURDES  
Address: 4521 P.G.A. BOULEVARD, #377  
City-St-Zip: PALM BEACH GARDENS, FL 33418

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: CJ GASPARONI

MGR

04/04/2008

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