

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000070527

FILED  
Apr 28, 2011  
Secretary of State

**Entity Name:** PREMIUM HEALTH SERVICES OF TAMPA LLC

**Current Principal Place of Business:**

5711 HAWKLAKE RD  
LITHIA, FL 33547

**New Principal Place of Business:**

**Current Mailing Address:**

5711 HAWKLAKE RD  
LITHIA, FL 33547

**New Mailing Address:**

**FEI Number:**                      **FEI Number Applied For ( )**                      **FEI Number Not Applicable (X)**                      **Certificate of Status Desired ( )**

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

RAHMAN, KHAWAJA A  
5711 HAWKLAKE RD  
LITHIA, FL 33547    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  
Name: RAHMAN, KHAWAJA A  
Address: 5711 HAWKLAKE RD  
City-St-Zip: LITHIA, FL 33547

Title: MGR  
Name: RAHMAN, SAMIA  
Address: 5711 HAWKLAKE RD  
City-St-Zip: LITHIA FL, FL 33547 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: KHAWAJA RAHMAN

MGR

04/28/2011

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