

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000099206

**FILED**  
**Apr 19, 2011**  
**Secretary of State**

**Entity Name:** PREMIER HEALTH EXCHANGE, LLC

**Current Principal Place of Business:**

455 DOUGLAS AVENUE  
2155-9  
ALTAMONTE SPRINGS, FL 32714

**New Principal Place of Business:**

**Current Mailing Address:**

455 DOUGLAS AVENUE  
2155-9  
ALTAMONTE SPRINGS, FL 32714

**New Mailing Address:**

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

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

ANTIN, ANTHONY M  
455 DOUGLAS AVENUE  
2155-9  
ALTAMONTE SPRINGS, FL 32714 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: MGRM  
Name: ANTIN, ANTHONY M  
Address: 455 DOUGLAS AVENUE  
City-St-Zip: 2155-9, FL 32714

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: ANTHONY M ANTIN

MM

04/19/2011

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