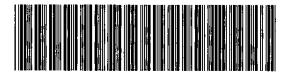
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(Address)
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FEB 13 2015 T. CARTER

COVER LETTER

TO:

Registration Section

Division of Corporations
SUBJECT: Temier Medical Contracting, LLC Name of Limited Liability Company
Dear Sir or Madam:
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
TIM POUSON Name of Person
Premier Medical Untracting LLL Firm/Company
122 Del Mar Circle Address
West Melbourne, FL 32904 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
TVACIC ROUSAN at (1014) 974 - 10439 Name of Person Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the following amount:
1NHS18 (2/14) \$35 Check already recuved and CASHED
INHSI8 (2/14) \$35 Chlor all lady rectable and construction



FLORIDA DEPARTMENT OF STATE Division of Corporations

January 27, 2015

TIM ROUSAN
PREMIER MEDICAL CONTRACTING, LLC
722 DEL MAR CIRCLE
WEST MELBOURNE, FL 32904 US

SUBJECT: PREMIER MEDICAL CONTRACTING LLC

Ref. Number: L13000161665

We have received your document for PREMIER MEDICAL CONTRACTING LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tina D Carter Regulatory Specialist

Letter Number: 715A00001630

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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Name of the limited liability company: Principal office address of limited liability company; MUST BE STREET ADDRESS) 3. Date of filing/registration in Florida Enter name of NEW Registered Agent and/or NEW Registered Office address: **NEW** Registered Office Address: West Melbourne If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company. ovsan Signature of a member or authorized representative of a member Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Signature of Registered Agent