

L1300016/665

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA  
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FEB 18 2015  
T. CARTER

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Premier 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 Rousan  
Name of Person

Premier Medical Contracting LLC  
Firm/Company

722 Del Mar Circle  
Address

West Melbourne, FL 32904  
City/State and Zip Code

tracierousan@yahoo.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Tracie Rousan at ( 1018 ) 978-16439  
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:

☐ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

INHS18 (2/14)

\$35 check already received and CASHED.



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

RECEIVED  
15 FEB 12 AM 10:00  
DIVISION OF CORPORATIONS  
BUREAU OF COMMERCIAL  
INFORMATION SERVICES

RECEIVED  
15 FEB 12 PM 4:24  
DIVISION OF CORPORATIONS  
BUREAU OF COMMERCIAL  
INFORMATION SERVICES

**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 Florida.

1. Name of the limited liability company: Premier Medical Contracting, LLC
2. (a) 722 Del Mar Circle  
Principal office address of limited liability company:  
(Note: **MUST BE STREET ADDRESS**)  
West Melbourne, FL 32904
- (b) 722 Del Mar Circle  
Mailing address of limited liability company:  
(Note: **MAY BE POST OFFICE BOX**)  
West Melbourne, FL 32904

3. November 14, 2013  
Date of filing/registration in Florida
4. L13000161665  
Document number

5. (a) Agents and Corporations, Inc.  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
300 Fifth Ave South Suite 101-330  
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

NAPLES, FL 34102

- (b) Tim Rousan  
Enter name of NEW Registered Agent and/or NEW Registered Office address:

722 Del Mar Circle  
NEW Registered Office Address:

West Melbourne, FL 32904

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
15 FEB 12 AM 11:14

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.

LR  
Signature of a member or authorized representative of a member

Tim Rousan  
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.

LR  
Signature of Registered Agent