


2nd and
FINAL NOTICE: File on or before Sept. 30, 1998 or Limited Liability Company will be dissolved. If dissolved, minimum amount due to reinstate: \$688.75

LIMITED LIABILITY COMPANY ANNUAL REPORT 1998	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 JAN -5 PM 3:59

FILING FEE
\$ 588.75
Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee + \$400.00 Late Fee
Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address
of Limited Liability Company
DOCUMENT # L95000000959

PREMIUM HEALTH MANAGEMENT COMPANY, L.C.
P.O. BOX 431860
MIAMI FL 33243-1860

1a. Principal Place of Business Address

~~7741 SW 62 AVENUE~~
~~SUITE 202~~
~~MIAMI FL 33143~~

2 Principal Place of Business

13691 Deering Bay Dr
Suite, Apt. #, etc.

2a. Mailing Address

P.O. Box 43-1860
Suite, Apt. #, etc.

3. Date Organized or Qualified

12/11/1995

3a. State of Formation

FL

4. FEI Number

65-0634800

☐ Applied For

☐ Not Applicable

5. Date of Last Report

05/02/1997

6. Certificate of Status Desired

\$8.75 Additional Fee Required ☐

City & State

Coral Gables, Fla

Zip Country

33158

City & State

MIAMI, FLA

Zip Country

33243-1860 FL

7. Name and Address of Current Registered Agent

SUSSMANE, JEFFREY M.D.
3100 S.W. 62ND AVE.
MIAMI FL 33155

8. Name and Address of New Registered Agent/Office

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, etc.

City

FL

9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE

DATE

10. Title

Managing Members/Managers

Business Street Address

City, State and Zip Code

MGR SUSSMANE, JEFFREY M.D. 3100 S.W. 62ND AVE.

MGM TIROTTA, CHRISTOPHER 3100 SW 62ND AVENUE

MGM RIVAS-CHACON, RAFAEL 7201 SW 82 AVENUE

MGM HOWARD, CLEVE M.D. 3200 SW 60 CT., #103

MGM REVES-GARCIA, JESSIE 3200 SW 60 CT., #204

MEM HERTZBERG, BETTI M.D. 7700 RED ROAD

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MIAMI 13-89-01150-003

****588.75 ****688.75

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S. MIAMI FL...

STATEMENT 1998

11 I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (i), Florida Statutes. I further certify that the information indicated on this annual report is true and accurate and that my 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; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #