

File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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FILED

99 MAR 16 PM 4:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILING FEE \$ 188.75	Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE
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1. Name and Mailing Address of Limited Liability Company **DOCUMENT # L98000002898**

PREMIER IPA, L.C.
C/O PREMIER PRACTICE GROUP, M P.A.
4800 BEACH BOULEVARD, SUITE 10
JACKSONVILLE FL 32207

1a. Principal Place of Business Address

C/O PREMIER PRACTICE GROUP, M
4800 BEACH BOULEVARD, SUITE
JACKSONVILLE FL 32207

2. Principal Place of Business

2a. Mailing Address

3. Date Organized or Qualified

3a. State of Formation

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

☐ Applied For

City & State

City & State

59-3477021

☐ Not Applicable

Zip

Country

Zip

Country

5. Date of Last Report

6. Certificate of Status Desired

\$8.75 Additional Fee Required ☐

7. Name and Address of Current Registered Agent

8. Name and Address of New Registered Agent/Office

MOTOLAW, INC.
50 NORTH LAURA STREET, SUITE 2750
JACKSONVILLE FL 32202

Name

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

Suite, Apt. #, etc.

City

FL

Zip Code

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

(Registered Agent Accepting Appointment) (Not a Registered Agent signature required when not accepting)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	PREMIER PRACTICE GROUP	4800 BEACH BOULEVARD, SUITE 10	JACKSONVILLE FL

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****188.75 ****188.75

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3-22-99

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.

Premier Practice Group, P.A., Managing Member

SIGNATURE:

3/8/99 739-446

SIGNATURE (NAME TYPE) OF PRINCIPAL OFFICER OR MANAGING MEMBER OR MEMBER OF BOARD

Date/Time Printed