

MO5000003847

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

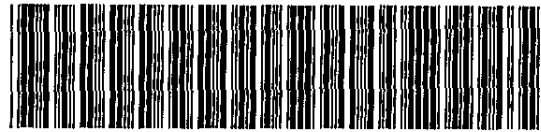
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

MO5-3847  
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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 18, 2006

CORY GELMON  
505 ELBOW DRIVE SW, SUITE 270  
CALGARY, AB CANADA, T2S2T-6

SUBJECT: PREMIER HEALTH SERVICES, LLC  
Ref. Number: M05000003847

We have received your document for PREMIER HEALTH SERVICES, 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):

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6020.

Tammi Cline  
Document Specialist

Letter Number: 006A0002623

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TALLAHASSEE, FLORIDA

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## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: Premier Health Services, LLC  
(Name of Corporation)

DOCUMENT NUMBER: M05000003847

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Cory Gelmon  
(Name of Contact Person)

Brittania Law Office  
(Firm/Company)

505 Elbow Drive SW, Suite 270  
(Address)

Calgary, AB Canada T2S 2T6  
(City/State and Zip Code)

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For further information concerning this matter, please call:

Cory Gelmon at ( 800 ) 808-0899  
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Premier Health Services, 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:

Deborah Love  
(Name of Person)

Friedman, Rosenwasser & Goldbaum, P.A.  
(Firm/Company)

5355 Town Center Road, Suite 801  
(Address)

Boca Raton, Florida 33486  
(City/State and Zip Code)

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Deborah Love at ( 561 ) 3955511 ext 514  
(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: FEE PREVIOUSLY SENT IN  
THIS IS A CORRECTED FILING

☐ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

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

*Pursuant to the provisions of sections 608.416 or 608.508, 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. The name of the limited liability company is: Premier Health Services, LLC
2. The mailing address of the limited liability company is : 7200 W. Camino Real  
Suite 300, Boca Raton, FL 33433  
07-07-2005 MO5000003847
3. Date of filing/registration in Florida
4. Document number

5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

Ronald N. Rosenwasser  
Name  
5355 Town Center Rd, Ste. 801  
Address  
Boca Raton, FL 33486  
City, State and Zip

6. The name and address of the new registered agent and/or office:

CT Corporation Systems  
Name  
1200 S. Pine Island Rd.  
Florida street address (P.O. Box NOT acceptable)  
Plantation FL 33324  
City, State and Zip

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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.

[Signature]  
(Signature of a member or authorized representative of a member)

Deborah Love  
(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 608, 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.*

CT Corporation Systems / Angel Hung / [Signature]  
(Signature of Registered Agent)

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314  
FILING FEE: \$25.00