

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000008085

FILED
Jan 08, 2007
Secretary of State

Entity Name: PREMIERE MEDICAL GROUP, P.A.

Current Principal Place of Business:

P.O. BOX 120043
WEST MELBOURNE, FL 32912

New Principal Place of Business:

2627 VINING ST
WEST MELBOURNE, FL 32904

Current Mailing Address:

P.O. BOX 120043
WEST MELBOURNE, FL 32912

New Mailing Address:

FEI Number: 16-1650719 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

JANES, KEY, & DINHO, P.A.
2717 N. WICKHAM RD
SUITE 3
MELBOURNE, FL 32935 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: LORENTE, MIGUEL
Address: PO BOX 120043
City-St-Zip: W. MELBOURNE, FL 32912

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: MD (X) Change () Addition
Name: LORENTE, MIGUEL
Address: PO BOX 120043
City-St-Zip: W. MELBOURNE, FL 32912

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MIGUEL LORENTE

MD

01/08/2007

Electronic Signature of Signing Officer or Director

Date