

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000063782

**FILED**  
**Jun 19, 2009**  
**Secretary of State**

**Entity Name:** PREMIUM MEDICAL GROUP, INC.

**Current Principal Place of Business:**

7500 NW 54 ST  
MIAMI, FL 33166

**New Principal Place of Business:**

1820 N CORPORATE LAKES BLVD  
SUITE 205  
WESTON, FL 33326

**Current Mailing Address:**

7500 NW 54 ST  
MIAMI, FL 33166

**New Mailing Address:**

1820 N CORPORATE LAKES BLVD  
SUITE 205  
WESTON, FL 33326

**FEI Number:** 20-0051042

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

RUIZ, LUIS A  
2775 NE 187TH ST  
APT 603  
AVENTURA, FL 33180 US

**Name and Address of New Registered Agent:**

CHOI & MENEZES, LLP  
1925 BRICKELL AVENUE  
D-205  
MIAMI, FL 33129 US

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: IL YOUNG CHOI

06/19/2009

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: RUIZ, LUIS A  
Address: 2775 NE 187 STREET # 603  
City-St-Zip: AVENTURA, FL 33180

Title: D ( ) Delete  
Name: RUIZ, EDUARDO A  
Address: 1275 NW 140 TERRACE  
City-St-Zip: PEMBROKE PINES, FL 33028

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: VP (X) Change ( ) Addition  
Name: LEAR HOLDINGS, LLC  
Address: 7500 NW 54 ST  
City-St-Zip: MIAMI, FL 33166

Title: MGR (X) Change ( ) Addition  
Name: RUIZ, EDUARDO A  
Address: 1275 NW 140 TERRACE  
City-St-Zip: PEMBROKE PINES, FL 33028

Title: VP ( ) Change (X) Addition  
Name: ADVANCED MEDICAL SUPPLIES, LLC  
Address: 1820 N CORPORATE LAKES BLVD SUITE 205  
City-St-Zip: WESTON, FL 33326

I hereby certify that the information supplied with this filing does not qualify 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: IVETT CORVAIA

VP

06/19/2009

Electronic Signature of Signing Officer or Director

Date