

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P03000063782

FILED
Jul 14, 2009
Secretary of State**Entity Name:** PREMIUM MEDICAL GROUP, INC.**Current Principal Place of Business:**1820 N CORPORATE LAKES BLVD
SUITE 205
WESTON, FL 33326**New Principal Place of Business:****Current Mailing Address:**1820 N CORPORATE LAKES BLVD
SUITE 205
WESTON, FL 33326**New Mailing Address:****FEI Number:** 20-0051042**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**CHOI & MENEZES, LLP
1925 BRICKELL AVENUE
D-205
MIAMI, FL 33129 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**OFFICERS AND DIRECTORS:****Title:** VP () Delete
Name: LEAR HOLDINGS, LLC
Address: 7500 NW 54 ST
City-St-Zip: MIAMI, FL 33166**Title:** MGR () Delete
Name: RUIZ, EDUARDO A
Address: 1275 NW 140 TERRACE
City-St-Zip: PEMBROKE PINES, FL 33028**Title:** VP () Delete
Name: ADVANCED MEDICAL SUPPLIES, LLC
Address: 1820 N CORPORATE LAKES BLVD SUITE 205
City-St-Zip: WESTON, FL 33326**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** VP (X) Change () Addition
Name: ADVANCED MEDICAL SUPPLIES USA, 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

MGRM

07/14/2009

Electronic Signature of Signing Officer or Director_____
Date