2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000024719

Entity Name: PREMIER FAMILY HEALTHCARE, INC.

FILED Apr 30, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

9501 SW 93 AVE 1325 SW 1 STREET MIAMI, FL 33176 MIAMI, FL 33135

Current Mailing Address: New Mailing Address:

9501 SW 93 AVE 8140 SW 136 STREET MIAMI, FL 33176 8140 SW 136 STREET MIAMI, FL 33156

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()

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

REMEDIOS, THERESA M
9501 SW 93 AVE
8140 SW 136 STREET
MIAMI, FL 33176 US
REMEDIOS, THERESA M
8140 SW 136 STREET
MIAMI, FL 33156 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: 04/30/2008

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition REMEDIOS, THERESA M REMEDIOS, THERESA M Name: Name: 9501 SW 93 AVE Address: 8140 SW 136 STREET Address: City-St-Zip: MIAMI, FL 33176 City-St-Zip: MIAMI, FL 33156

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: THERESA REMEDIOS PRES 04/30/2008

Electronic Signature of Signing Officer or Director

Date