


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 13, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P97000050871**

1. Entity Name  
**PREMIER ADULT HEALTH CARE INC.**



Principal Place of Business      Mailing Address

**4428 COMMERCIAL WAY      4319 RIVER BIRCH DR.**  
**SPRING HILL, FL 34606 US      SPRING HILL, FL 34607 US**

**DO NOT WRITE IN THIS SPACE**



03062006    No Chg-P    CR2E034 (11/05)

4. FEI Number      Applied For  
**59-3452987**      Not Applicable

5. Certificate of Status Desired        \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**BANWATT, SIMRITA S**  
**4319 RIVER BIRCH DR.**  
**SPRING HILL, FL 34607**

**DO NOT WRITE IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.        \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	BANWATT, SIMRITA S
STREET ADDRESS	4319 RIVER BIRCH DR.
CITY-ST-ZIP	SPRING HILL, FL 34607
TITLE	VPTS
NAME	BANWATT, RAMNIKS
STREET ADDRESS	4319 RIVER BIRCH DR.
CITY-ST-ZIP	SPRING HILL, FL 34607
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000163274  
 03/21/06 80069-018 150.00

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: AS Banwatt      SIMRITA BANWATT    X    03-08-06    352-597-1011

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #