## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

## **DOCUMENT #**

P98000069521

1. Entity Name

PREMIER HEALTHCARE NETWORK, INC.



## Mar 19, 2003 8:00 am a Secretary of State 03-19-2003 90107 044 \*\*\*150.00 **FILED**

PRICE JOSE 475 ONV 19 IST  MAMIF ADDRESS OF STREET OF ST										
Suite, Apt. 4, etc.  City & State  Suite, Applied For File Applied Applied For File A	10710 SW 14 CT.			10710 SW 14 CT.		3 ( <b>2011) 83</b> 6 (1 <b>0</b> (810) 1811 8311 8311 8811	DEHO BINO KANDONISH	<b>n</b> 31 <b>86</b> 4    <b>111</b>   <b>228</b>		
Suite, Apt. 4, etc.    Suite, Apt. 4, etc.   Suite, Apt. 4, etc.   A. FEI Number 65-0856602   Applied for Fire Applied for Fi	2. Principal P	Place of Business		3. Mailing Address						
City & State  Country  233355  Country  233355  Country  233355  Country  333355  Country	Suite, Apt.	#, etc.					CHECK HEDE IE MAKING CHANGES			
Secretary   Secr	City & State	<u> </u>		City & State			A FELNIUM-has			
Some and Address of Current Registered Agent  7. Name and Address of New Registered Agent  7. Name and Address of New Registered Agent  8. Street Address (P.O. See Number is Not Acceptable)  7. Name and Address of New Registered Agent  8. Street Address (P.O. See Number is Not Acceptable)  7. The above named only submits his statement for the purpose of changing its registered organic or registered agent.  8. The above named only submits his statement for the purpose of changing its registered organic or registered agent.  8. The above named only submits his statement for the purpose of changing its registered organic or registered agent.  8. SIGNATURE  8. SIGNATURE  FILE NOW!!! FEE IS \$150.00  Make Check Payable to Florida Department of State  9. Election Campaign Financing  8. State Address Agent agreement where revealing  9. Election Campaign Financing  9. State Address Agent Agents agreement where revealing  9. Election Campaign Financing  9. State Address Agent Agents Agents agreement where revealing  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  14. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  16. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  17. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  19. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  19. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  10. ADDITIONS/CHANGES TO							65-0856602	No	ot Applicable	
PEREZ, JOSE 4750 NW 191 ST. MIAMI FL 33055  8. The above named annity 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 polysored agent.  SIGNATURE  FIL 39332 Y  8. The above named annity 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 polysored agent.  SIGNATURE  FILE NOW!!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  Make Check Prayable to Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS N 1 1  TITLE  PSTD PEREZ, JOSE  STRICT ADDRESS  OTY-S1-2P  MAMI FL 33055  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS N 1 1  TITLE  PSTD PEREZ, JOSE  STRICT ADDRESS  OTY-S1-2P  MAMI FL 33055  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS N 1 1  TITLE  MAME STRICT ADDRESS  OTY-S1-2P  MAMI FL 33055  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS N 1 1  TITLE  MAME STRICT ADDRESS  OTY-S1-2P  TOSE  OTY-S	Zip		•	<u> 33355</u>	SUSA.		· · · · · · · · · · · · · · · · · · ·	Fee Require		
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### ATSO NW 191 ST.  MIAMI FL 33055  ### AUTOR	PEREZ JOSE									
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information	1					´				
indicated on this report of supplemental report is true and accurate and that my signature shall have the same legal effect as if made under path; that I am an officer or director	12. I hereby c	Lertify that the info	rmation supplied wi	th this filing does not qualify	for the exemption s	I tated in Se	ction 119.07(3)(i), Florida Statutes. I further	certify that the in	nformation	

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.

954-608-4140