

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000040899

Entity Name: FLORIDA PREMIER MEDICAL CARE, P.A.

Current Principal Place of Business:

675 HARVARD STREET
BROOKSVILLE, FL 34601

Current Mailing Address:

675 HARVARD STREET
BROOKSVILLE, FL 34601

FEI Number: 20-8766096

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WALKER, GARY LESQUIRE
202 S. ROME AVENUE
SUITE 100
TAMPA, FL 33606 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:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PST
Name CONTRERAS, LUIS JM.D.
Address 675 HARVARD STREET
City-State-Zip: BROOKSVILLE FL 34601

I hereby 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 all other like empowered.

SIGNATURE: LUIS J CONTRERAS

OWNER

01/20/2014

Electronic Signature of Signing Officer/Director Detail

Date