

2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P12000012347

Entity Name: PREMIER MOBILE HEALTH SOLUTIONS, INC**Current Principal Place of Business:**250 S. FEDERAL HWY
DANIA BEACH, FL 33004**Current Mailing Address:**250 S. FEDERAL HWY
DANIA BEACH, FL 33004 US**FEI Number: 45-4470358****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**LEYKIND, STEVE
1755 E HALLANDALE BEACH BLVD
1901
HALLANDALE BEACH, FL 33009 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	D
Name	LEYKIND, STEVE
Address	1755 E HALLANDALE BEACH BLVD 1901
City-State-Zip:	HALLANDALE BEACH FL 33009

Title	D
Name	BATKILIN, LEON
Address	500 THREE ISLANDS BLVD #717
City-State-Zip:	HALLANDALE BEACH FL 33009

Title	D
Name	RIVAS, JONELLE
Address	1451 SW 75 TER
City-State-Zip:	PLANTATION FL 33317

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: STEVE LEYKIND**MGR****04/22/2013**_____
Electronic Signature of Signing Officer/Director Detail_____
Date