

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P12000012347

**Entity Name:** PREMIER MOBILE HEALTH SOLUTIONS, INC

**Current Principal Place of Business:**

250 S. FEDERAL HWY  
101  
DANIA BEACH, FL 33004

**Current Mailing Address:**

250 S. FEDERAL HWY  
101  
DANIA BEACH, FL 33004 US

**FEI Number: 45-4470358**

**Certificate of Status Desired: No**

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

LEYKIND, STEVE  
250 S. FEDERAL HWY  
101  
DANIA BEACH, FL 33004 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        250 S. FEDERAL HWY  
                  101  
City-State-Zip: DANIA BEACH FL 33004

Title            COO  
Name            BATKILIN, LEON  
Address        250 S FEDERAL HWY  
                  101  
City-State-Zip: DANIA BEACH FL 33004

*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**

**OWNER**

**03/06/2019**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date