

2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P20000088246

Entity Name: PREMIER CAPITAL HEALTHCARE, INC.

Current Principal Place of Business:

12935 COLONNADE CIRCLE
CLERMONT, FL 34711

Current Mailing Address:

12935 COLONNADE CIRCLE
CLERMONT, FL 34711 US

FEI Number: 85-3896176

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MITRE ACCOUNTING & TAX SERVICES, LLC.
15701 SR 50
STE 202
CLERMONT, FL 34711 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 PRES
Name UDOM, NDUJSE A
Address 12935 COLONNADE CIRCLE
City-State-Zip: CLERMONT FL 34711

Title SEC
Name UDOM, FLORENCE N
Address 12935 COLONNADE CIRCLE
City-State-Zip: CLERMONT FL 34711

Title TRES
Name NDUJSE-UDOM, IDARA V
Address 12935 COLONNADE CIRCLE
City-State-Zip: CLERMONT FL 34711

Title DIR
Name NDUJSE-UDOM, VALERIE U
Address 12935 COLONNADE CIRCLE
City-State-Zip: CLERMONT FL 34711

Title DIR
Name NDUJSE-UDOM, SERENA E
Address 12935 COLONNADE CIRCLE
City-State-Zip: CLERMONT FL 34711

Title DIR
Name NDUJSE-UDOM, JASON U
Address 12935 COLONNADE CIRCLE
City-State-Zip: CLERMONT FL 34711

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: NDUJSE UDOM

PRES

04/23/2021

Electronic Signature of Signing Officer/Director Detail

Date