

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L01000005625

**Entity Name:** PREMIERMD IPA, LLC

**Current Principal Place of Business:**

3465 GALT OCEAN DR.  
STE 203  
FT. LAUDERDALE, FL 33308

**Current Mailing Address:**

3465 GALT OCEAN DR.  
STE 203  
FT. LAUDERDALE, FL 33308 US

**FEI Number:** 65-1090741

**Certificate of Status Desired:** No

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

TOLEDANO, VICTOR MD.  
3465 GALT OCEAN DR  
FORT LAUDERDALE, FL 33308 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

**Authorized Person(s) Detail :**

Title MGR  
Name TOLEDANO, VICTOR  
Address 3465 GALT OCEAN DR  
City-State-Zip: FT. LAUDERDALE FL 33308

Title MGR  
Name WONG, ANTONIO  
Address 3465 GALT OCEAN DR - STE 203  
City-State-Zip: FT. LAUDERDALE FL 33308

Title MGR  
Name JENSEN, WILLIAM  
Address 3465 GALT OCEAN DR - STE 203  
City-State-Zip: FT. LAUDERDALE FL 33308

Title MGR  
Name SILVERSTEIN, SCOTT M  
Address 3465 GALT OCEAN DR - STE 203  
City-State-Zip: FT. LAUDERDALE FL 33308

*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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** VICTOR TOLEDANO

**PRESIDENT**

**04/28/2017**

Electronic Signature of Signing Authorized Person(s) Detail

Date