

**2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000111021

**Entity Name:** PREMIER CLINIC, LLC

**Current Principal Place of Business:**

7807 BAYMEADOWS RD EAST  
STE 209  
JACKSONVILLE, FL 32256

**Current Mailing Address:**

PO BOX 551076  
JACKSONVILLE, FL 32255 US

**FEI Number:** 30-0415919

**Certificate of Status Desired:** No

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

PATEL, DINESH D  
11207 CHESTER LAKE ROAD WEST  
JACKSONVILLE, FL 32256 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:** DINESH D. PATEL

02/08/2025

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title P  
Name PATEL, DINESH D  
Address 7807 BAYMEADOWS RD E, SUITE 209  
City-State-Zip: JACKSONVILLE FL 32256

*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:** DINESH D. PATEL

PRESIDENT

02/08/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date