

2018 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

04/23/2018

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

PRES

04/23/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date