

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000051807

**FILED**  
**Jan 07, 2013**  
**Secretary of State**  
**CC7765789169**

**Entity Name:** PREMIERMD PRIMARY CARE ASSOCIATES, LLC

**Current Principal Place of Business:**

2905 N. COMMERCE PARKWAY  
MIRAMAR, FL 33025

**Current Mailing Address:**

2905 N. COMMERCE PARKWAY  
MIRAMAR, FL 33025

**FEI Number:** 46-0756869

**Certificate of Status Desired:** No

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

BRIAN POLNER, M.D.  
2905 N. COMMERCE PARKWAY  
MIRAMAR, FL 33025 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           MANAGING MEMBER  
Name           POLNER, BRIAN  
Address        2905 N. COMMERCE PARKWAY  
City-State-Zip: MIRAMAR FL 33025

Title           MANAGING MEMBER  
Name           TOLEDANO, VICTOR  
Address        3465 GALT OCEAN DRIVE  
                  SUITE 101  
City-State-Zip: FORT LAUDERDALE FL 33308

Title           MANAGING MEMBER  
Name           MCKENZIE, WILFRED  
Address        1625 SE THIRD AVENUE  
                  SUITE 400  
City-State-Zip: FORT LAUDERDALE FL 33316

Title           MANAGING MEMBER  
Name           GRAFF, ALAN  
Address        3061 E. COMMERCIAL BLVD.  
City-State-Zip: FORT LAUDERDALE FL 33308

Title           MANAGING MEMBER  
Name           PRESTE, PAUL  
Address        3075 E. COMMERCIAL BLVD.  
                  SUITE 1A  
City-State-Zip: FORT LAUDERDALE FL 33308-4318

Title           MANAGING MEMBER  
Name           SILVERSTEIN, SCOTT A  
Address        729 E. ATLANTIC BLVD.  
City-State-Zip: POMPANO BEACH FL 33060

Title           MANAGING MEMBER  
Name           WONG, ANTONIO  
Address        501 NW 179 AVENUE  
City-State-Zip: PEMBROKE PINES FL 33029

*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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** BRIAN POLNER

**MANAGING MEMBER**

**01/07/2013**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date