

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000260642

Entity Name: PREMIUM HEALTHCARE MANAGEMENT, LLC

Current Principal Place of Business:

2400 SW 69 AVENUE
MIAMI, FL 33155

Current Mailing Address:

2400 SW 69 AVENUE
MIAMI, FL 33155 US

FEI Number: 82-4397324

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ROCKCHAR MANAGEMENT SERVICES, LLC
1 SE 3RD AVENUE
SUITE 1100
MIAMI, FL 33131 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: HIRAM D. OCARIZ

03/06/2023

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title	AUTHORIZED MEMBER	Title	MANAGER
Name	HOOVER, KEILA	Name	HOOVER, KEILA
Address	2400 SW 69 AVENUE	Address	2400 SW 69 AVENUE
City-State-Zip:	MIAMI FL 33155	City-State-Zip:	MIAMI FL 33155

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: KEILA HOOVER

MEMBER

03/06/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date