

2025 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:

SZTYNDOR, ROBYN LYNN ESQ.
2400 SW 69 AVENUE
MIAMI, FL 33155 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: ROBYN LYNN SZTYNDOR, ESQ

04/27/2025

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MANAGER
Name HOOVER, KEILA
Address 2400 SW 69 AVENUE
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

04/27/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date