

**2023 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M20000010522

**Entity Name:** PREMIER MOBILE HEALTH SOLUTIONS, LLC

**Current Principal Place of Business:**

4330 SHERIDAN ST., #210B  
HOLLYWOOD, FL 33021

**Current Mailing Address:**

4330 SHERIDAN ST., #210B  
HOLLYWOOD, FL 33021

**FEI Number:** 45-4470358

**Certificate of Status Desired:** No

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

LEYKIND, STEVE  
4330 SHERIDAN ST., #210B  
HOLLYWOOD, FL 33021 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:** STEVE LEYKIND

03/02/2023

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title            PRESIDENT  
Name            LEYKIND, STEVE  
Address        4330 SHERIDAN ST., #210B  
City-State-Zip: HOLLYWOOD FL 33021

Title            MANAGER  
Name            BATKILIN, LEON  
Address        4330 SHERIDAN ST., #210B  
City-State-Zip: HOLLYWOOD FL 33021

Title            MANAGER  
Name            RICHARD, PARRY C  
Address        4330 SHERIDAN ST., #210B  
City-State-Zip: HOLLYWOOD FL 33021

*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:** STEVE LEYKIND

PRESIDENT

03/02/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date