

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000059151

FILED
Apr 30, 2008
Secretary of State

Entity Name: PALM BEACH MEDICAL ASSOCIATES, LLC

Current Principal Place of Business:

3401 PGA BOULEVARD
SUITE 330
PALM BEACH GARDENS, FL 33410

New Principal Place of Business:

Current Mailing Address:

3401 PGA BOULEVARD
SUITE 330
PALM BEACH GARDENS, FL 33410

New Mailing Address:

FEI Number: 56-2475807 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

HALICKMAN, DOREEN BONADIE
102 OLIVERA WAY
PALM BEACH GARDENS, FL 33418 US

Name and Address of New Registered Agent:

HALICKMAN, DOREEN BONADIE
4600 MILITARY TRAIL, SUITE 217
JUPITER, FL 33458 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: _____ 04/30/2008
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: HALICKMAN, JACK F MD
Address: 102 OLIVERA WAY
City-St-Zip: PALM BEACH GARDENS, FL 33418

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM () Delete
Name: DHARIA, RUPESH R MD
Address: 11700 LANDING PLACE
City-St-Zip: NORTH PALM BEACH, FL 33408

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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.

SIGNATURE: JACK F HALICKMAN MGRM 04/30/2008
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date