

2014 FLORIDA LIMITED PARTNERSHIP ANNUAL REPORT

DOCUMENT# A96000001992

Entity Name: PALMER MEDICAL CENTER, LTD.

Current Principal Place of Business:

8590/8592 POTTER PARK DR
SARASOTA, FL 34231

Current Mailing Address:

7350 S TAMIAMI TR #43
SARASOTA, FL 34231

FEI Number: 65-0737596

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HANKIN, LAWRENCE M
1820 RINGLING BLVD
SARASOTA, FL 34236 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

General Partner Detail :

Document #

Name STEELE, JOHN M

Address 943 SOUTH BENEVA ROAD

City-State-Zip: SARASOTA FL 34232

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 general partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JOHN M STEELE

GEN PARTNER

01/08/2014

Electronic Signature of Signing General Partner Detail

Date