

**2015 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  
6841 ENERGY CT  
SARASOTA, FL 34240 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

**GENERAL PARTNER**

**01/07/2015**

\_\_\_\_\_  
Electronic Signature of Signing General Partner Detail

\_\_\_\_\_  
Date