## 2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000049387

Entity Name: WEST PALM HEALTHCARE REAL ESTATE, INC.

**FILED** May 09, 2018 **Secretary of State** CC5643133771

## **Current Principal Place of Business:**

1445 ROSS AVENUE **SUITE 1400** DALLAS, TX 75202

# **Current Mailing Address:**

1445 ROSS AVENUE **SUITE 1400** DALLAS, TX 75202 US

FEI Number: 75-2939489 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM 1200 S. PINE ISLAND RD. PLANTATION, FL 33324 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

#### Officer/Director Detail:

Title Title S

FELDMAN, MITCHELL S MACK, KRISTINA A Name Name Address 1445 ROSS AVENUE Address 1445 ROSS AVENUE **SUITE 1400** 

**SUITE 1400** 

DALLAS TX 75202 DALLAS TX 75202 City-State-Zip: City-State-Zip:

Title TREASURER, DIRECTOR SNYDER, JAMES E III Name 1445 ROSS AVENUE Address

**SUITE 1400** 

DALLAS TX 75202 City-State-Zip:

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 an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

Electronic Signature of Signing Officer/Director Detail

SIGNATURE: KRISTINA A. MACK

**SECRETARY** 

05/09/2018