

2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000063260

Entity Name: CLINICAL ASSOCIATES OF THE PALM BEACHES P.A.

Current Principal Place of Business:

1920 PALM BEACH LAKES BLVD.
102
WEST PALM BEACH, FL 33409

Current Mailing Address:

1920 PALM BEACH LAKES BLVD.
102
WEST PALM BEACH, FL 33409

FEI Number: 27-0013116

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SCHOLLE, JANET L
1920 PALM BEACH LAKES BLVD.
#102
WEST PALM BEACH, FL 33409 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 MD
Name SCHOLLE, JANET L
Address 1920 PALM BEACH LAKES BLVD. #102
City-State-Zip: WEST PALM BEACH FL 33409

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.

SIGNATURE: JANET L. SCHOLLE

M.D.

03/30/2016

Electronic Signature of Signing Officer/Director Detail

Date