2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2015
Secretary of State
CC4333056529

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Entity Name: PALM BEACH FAMILY MEDICAL ASSOCIATES INC.

Current Principal Place of Business:

4889 LAKE WORTH ROAD, #109
GREENACRES, FL 33463

Current Mailing Address:

4889 LAKE WORTH ROAD
#109
GREENACRES, FL 33463 US

FEI Number: 26-0117749

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

RATHBUN, KATHLEEN S D.O.
788 WHIPPOORWILL WAY
W PALM BCH, FL 33411 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	P
Name	RATHBUN, KATHLEEN S D.O.
Address	788 WHIPPOORWILL WAY
City-State-Zip:	W PALM BCH FL 33411

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: DR. KATHLEEN RATHBUN PRESIDENT 04/30/2015

Electronic Signature of Signing Officer/Director Detail — Date