

2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000087916

Entity Name: PALM BEACH PHYSICAL MEDICINE, INC.

Current Principal Place of Business:

3111 45TH STREET
SUITE 4 & 5
WEST PALM BEACH, FL 33407

Current Mailing Address:

P.O. BOX 16836
WEST PALM BEACH, FL 33416 US

FEI Number: 27-3762054

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SANFORD R TOPKIN ESQ
1166 W NEWPORT CENTER DR #309
DEERFIELD BEACH, FL 33442 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 GRAND, JESSE
Address P.O. BOX 16836
City-State-Zip: WEST PALM BEACH FL 33416

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: JESSE GRAND

PRESIDENT

04/03/2017

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date