

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P99000020723

**Entity Name:** KIMMELCARE FAMILY PRACTICE, P.A.

**Current Principal Place of Business:**

2230 N. WICKHAM RD.  
SUITE B  
MELBOURNE, FL 32935

**Current Mailing Address:**

2230 N. WICKHAM RD.  
SUITE B  
MELBOURNE, FL 32935

**FEI Number:** 59-3567746

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

KIMMEL, MURRAY A  
2230 N. WICKHAM RD.  
SUITE B  
MELBOURNE, FL 32935 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 KIMMEL, MURRAY A  
Address 2230 N. WICKHAM RD.  
SUITE B  
City-State-Zip: MELBOURNE FL 32935

*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:** MURRAY KIMMEL

**PRESIDENT**

**01/19/2023**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date