

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000043689

Entity Name: PALMS OF PASADENA PHYSICIANS, LLC

Current Principal Place of Business:

200 CORPORATE BLVD.
LAFAYETTE, LA 70508

Current Mailing Address:

ATTN: ENTITY MANAGEMENT
200 CORPORATE BLVD
LAFAYETTE, LA 70508 US

FEI Number: 54-2127927

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
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

Authorized Person(s) Detail :

Title MANAGING MEMBER
Name EDCARE MANAGEMENT, INC.
Address 200 CORPORATE BLVD
City-State-Zip: LAFAYETTE LA 70508

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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: LISHA FALK _____

VP & SECRETARY

04/05/2016

Electronic Signature of Signing Authorized Person(s) Detail

_____ Date