

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000059151

Entity Name: PALM BEACH MEDICAL ASSOCIATES, LLC

Current Principal Place of Business:

3401 PGA BOULEVARD
SUITE 310
PALM BEACH GARDENS, FL 33410

Current Mailing Address:

3401 PGA BOULEVARD
SUITE 310
PALM BEACH GARDENS, FL 33410 US

FEI Number: 56-2475807

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HALICKMAN, DOREEN BONADIE
4600 MILITARY TRAIL, SUITE 217
JUPITER, FL 33458 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 MGRM
Name HALICKMAN, JACK FMD
Address 102 OLIVERA WAY
City-State-Zip: PALM BEACH GARDENS FL 33418

Title MGRM
Name DHARIA, RUPESH RMD
Address 11700 LANDING PLACE
City-State-Zip: NORTH PALM BEACH FL 33408

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: RUPESH R DHARIA M.D

M.D

03/03/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date