

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000060207

Entity Name: FAMILY PRACTICE & INTERNAL MEDICINE OF THE PALM BEACHES, LLC**Current Principal Place of Business:**3401 PGA BLVD.
SUITE 310
PALM BEACH GARDENS, FL 33410**Current Mailing Address:**PRIMUS HEALTH NETWORK
2240 WOOLBRIGHT RD SUITE 317
BOYNTON BEACH, FL 33426 US**FEI Number: 34-2036409****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**LUCIBELLA, RICHARD
PRIMUS HEALTH NETWORK
2240 WOOLBRIGHT RD SUITE 317
BOYNTON BEACH, FL 33426 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: RICHARD J LUCIBELLA****01/31/2023**

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title	MGR
Name	PALADIN INC
Address	PRIMUS HEALTH NETWORK 2240 WOOLBRIGHT RD SUITE 317
City-State-Zip:	BOYNTON BEACH FL 33426

Title	MGR
Name	GIRASOL LLC
Address	PRIMUS HEALTH NETWORK 2240 WOOLBRIGHT RD SUITE 317
City-State-Zip:	BOYNTON BEACH FL 33426

Title	MGR
Name	VAINA LLC
Address	PRIMUS HEALTH NETWORK 2240 WOOLBRIGHT RD SUITE 317
City-State-Zip:	BOYNTON BEACH FL 33426

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: RICHARD JOHN LUCIBELLA**DIRECTOR****01/31/2023**

Electronic Signature of Signing Authorized Person(s) Detail

Date