

**2015 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:**

3401 PGA BLVD.  
SUITE 310  
PALM BEACH GARDENS, FL 33410 US

**FEI Number:** 34-2036409

**Certificate of Status Desired:** No

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

BONADIES HALICKMAN, DOREEN  
4500 PGA BLVD. SUITE 303B  
PALM BEACH GARDENS, FL 33418 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 MGR  
Name HALICKMAN, JACK FM.D.  
Address 102 OLIVERA WAY  
City-State-Zip: PALM BEACH GARDENS FL 33418

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:** JACK F HALICKMAN

**MGR**

**04/21/2015**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date