

**2024 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

02/13/2024

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**

02/13/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date