

2016 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

04/30/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date