

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000095337

Entity Name: PALM HARBOR MEDICAL ARTS, LLC**Current Principal Place of Business:**2851 US ALT 19N
PALM HARBOR, FL 34683**Current Mailing Address:**2851 US ALT 19N
PALM HARBOR, FL 34683**FEI Number:** 20-5629841**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**RAMCHARRAN, RAM
2855 US ALT 19 N
PALM HARBOR, FL 34683 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 MACKAY, EDWARD
Address 2863 ALT 19N
City-State-Zip: PALM HARBOR FL 34683

Title MGR
Name LOPEZ, RON
Address 2839 US ALT 19 N
City-State-Zip: PALM HARBOR FL 34683

Title MGR
Name WILLIAM, HOPETON
Address 2847 US ALT 19
City-State-Zip: PALM HARBOR FL 34683

Title MGR
Name TALDONE, WILLIAM
Address 2831 ALT 19
City-State-Zip: PALM HARBOR FL 34683

Title MGR
Name GERGES, EDWARD
Address 27658 CASHFORD CIRCLE
SUITE 101
City-State-Zip: WESLEY CHAPEL FL 33544

Title MGR
Name RAMCHARRAN, SADHANA
Address 2855 US ALT 19
City-State-Zip: PALM HARBOR FL 34683

Title MGR
Name TALDONE, JOHANNA
Address 123 CARLYLE CIRCLE
City-State-Zip: PALM HARBOR FL 34683

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: EDWARD GERGES**MGR****04/15/2023**

Electronic Signature of Signing Authorized Person(s) Detail

Date