

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000054726

**Entity Name:** PALM GARDEN HEALTHCARE HOLDINGS, LLC

**Current Principal Place of Business:**

2033 MAIN STREET, SUITE 302  
SARASOTA, FL 34237

**Current Mailing Address:**

2033 MAIN STREET, SUITE 302  
SARASOTA, FL 34237 US

**FEI Number:** 32-0413510

**Certificate of Status Desired:** No

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

PALM HEALTHCARE MANAGEMENT, LLC  
2033 MAIN STREET, SUITE 300  
SARASOTA, FL 34237 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:** MORRIS H. MILLER, AS MANAGER OF PALM HEALTHCARE MANAGEMENT, 04/08/2014

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

Title MGR  
Name PALM HEALTHCARE MANAGEMENT,  
LLC  
Address 2033 MAIN STREET, SUITE 300  
City-State-Zip: SARASOTA FL 34237

*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:** MORRIS H. MILLER

MANAGER OF PALM  
HEALTHCARE  
MANAGEMENT, LLC, AS  
MANAGER

04/08/2014

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

\_\_\_\_\_  
Date