

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000342899

**Entity Name:** CHS PALMER HOUSE LLC

**Current Principal Place of Business:**

4790 NORTH STATE ROAD 7  
LAUDERDALE LAKES, FL 33319

**Current Mailing Address:**

4790 NORTH STATE ROAD 7  
LAUDERDALE, FL 33319 US

**FEI Number:** 88-3769604

**Certificate of Status Desired:** Yes

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

J. PATRICK FITZGERALD & ASSOCIATES, P.A.  
110 MERRICK WAY STE 3B  
CORAL GABLES, FL 33134 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 CATHOLIC HEALTH SERVICES, INC  
Address 4790 NORTH STATE ROAD 7  
City-State-Zip: LAUDERDALE FL 33319

*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:** ARISTIDES PALLIN

CEO/PRESIDENT

01/29/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date