

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L23000171110

Entity Name: BLUE PALMS HEALTHCARE MANAGEMENT LLC

Current Principal Place of Business:

16690 COLLINS AVENUE
SUITE 804
SUNNY ISLES BEACH, FL 33160

Current Mailing Address:

16690 COLLINS AVENUE
SUITE 804
SUNNY ISLES BEACH, FL 33160 US

FEI Number: 92-3510585

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GINSPARG, NORMAN
4340 SHERIDAN ST
SUITE 102
HOLLYWOOD, FL 33021 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 GINSPARG, NORMAN J
Address 3389 SHERIDAN ST. NUM 195
City-State-Zip: HOLLYWOOD FL 33021

Title MGR
Name FRIED, BEN
Address 16690 COLLINS AVENUE
SUITE 804
City-State-Zip: SUNNY ISLES BEACH FL 33160

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: NORMAN GINSPARG

MANAGER

04/28/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date