

**2023 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M13000005856

**Entity Name:** PALM HEALTHCARE MANAGEMENT, LLC

**Current Principal Place of Business:**

2033 MAIN ST SUITE 300  
SARASOTA, FL 34237

**Current Mailing Address:**

2033 MAIN ST SUITE 300  
SARASOTA, FL 34237 US

**FEI Number:** 46-3015604

**Certificate of Status Desired:** No

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

CROSS STREET CORPORATE SERVICES LLC  
200 S ORANGE AVE  
SARASOTA, FL 34236 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           MANAGER  
Name           GREENE, ROBERT D  
Address        2033 MAIN ST 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: ROBERT GREENE**

**CEO**

**04/03/2023**

Electronic Signature of Signing Authorized Person(s) Detail

Date