2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 05, 2007
Secretary of State

DOCUMENT# L04000059151

Entity Name: PALM BEACH MEDICAL ASSOCIATES, LLC

Current Principal Place of Business:

3401 PGA BOULEVARD
SUITE 330
PALM BEACH GARDENS, FL 33410

New Principal Place of Business:

Current Mailing Address:

3401 PGA BOULEVARD
SUITE 330
PALM BEACH GARDENS, FL 33410

New Mailing Address:

FEI Number: 56-2475807 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

HALICKMAN, DOREEN BONADIE
102 OLIVERA WAY
PALM BEACH GARDENS, FL 33418 US

Name and Address of New Registered Agent:

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

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: HALICKMAN, JACK F MD
Address: 102 OLIVERA WAY
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: MGRM ( ) Delete
Name: DHARIA, RUPESH R MD
Address: 217 ANDALUSIA DRIVE
City-St-Zip: PALM BEACH GARDENS, FL 33418

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change ( ) Addition
Name: DHARIA, RUPESH R MD
Address: 11700 LANDING PLACE
City-St-Zip: NORTH PALM BEACH, FL 33408

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: RUPESH R DHARIA DR 07/05/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date