

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F02607

**FILED**  
**Apr 02, 2024**  
**Secretary of State**  
**2313477736CC**

**Entity Name:** PALMER & PALMER P.A.

**Current Principal Place of Business:**

FALLS PROFESSIONAL CENTER  
12790 SOUTH DIXIE HIGHWAY  
MIAMI, FL 33156

**Current Mailing Address:**

FALLS PROFESSIONAL CENTER  
12790 SOUTH DIXIE HIGHWAY  
MIAMI, FL 33156

**FEI Number:** 59-2082510

**Certificate of Status Desired:** No

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

PALMER, PAUL  
12790 S DIXIE HWY  
MIAMI, FL 33156 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

**Officer/Director Detail :**

Title	P	Title	VP
Name	PALMER, PAUL	Name	PALMER, BRIAN THOMAS
Address	12790 S DIXIE HWY	Address	FALLS PROFESSIONAL CENTER 12790 SOUTH DIXIE HIGHWAY
City-State-Zip:	MIAMI FL	City-State-Zip:	MIAMI FL 33156

*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 an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** PAUL PALMER

**PRESIDENT**

**04/02/2024**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date