

**2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P01000099858

**FILED**  
**Feb 05, 2018**  
**Secretary of State**  
**CC1695738294**

**Entity Name:** PALMETTO BAY MEDICAL CENTER, INC.

**Current Principal Place of Business:**

9765 S.W. 184TH ST.  
MIAMI, FL 33157

**Current Mailing Address:**

9765 S.W. 184TH ST.  
MIAMI, FL 33157

**FEI Number:** 65-1146838

**Certificate of Status Desired:** No

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

MINKES, LINDA  
9765 S.W. 184TH ST.  
MIAMI, FL 33157 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           VPST  
Name           MINKES, LINDA  
Address        9765 S.W. 184TH ST.  
City-State-Zip: MIAMI FL 33157

Title           D  
Name           MINKES, LINDA  
Address        9765 S.W. 184TH ST.  
City-State-Zip: MIAMI FL 33157

Title           P  
Name           MINKES, JULES  
Address        9765 S.W. 184TH ST.  
City-State-Zip: MIAMI FL 33157

*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:** JULES MINKES

**PRESIDENT**

**02/05/2018**

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

\_\_\_\_\_  
Date