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: LINDA MINKES

Electronic Signature of Signing Officer/Director Detail

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	E LINDA MINKES			02/27/2024
	Electronic Signature of Registered Agent			Date
Officer/Dire	ctor Detail :			
Title	VPST	Title	D	
Name	MINKES, LINDA	Name	MINKES, LINDA	
Address	9765 S.W. 184TH ST.	Address	9765 S.W. 184TH ST.	
City-State-Zip:	MIAMI FL 33157	City-State-Zip:	MIAMI FL 33157	
Title	Р			
TITLE	P			
Name	MINKES, JULES			
Address	9765 S.W. 184TH ST.			

Name and Address of Current Registered Agent:

MIAMI, FL 33157

MINKES, LINDA 9765 S.W. 184TH ST. MIAMI, FL 33157 US

Current Mailing Address:

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

FEI Number: 65-1146838

City-State-Zip: MIAMI FL 33157

DOCUMENT# P01000099858

Entity Name: PALMETTO BAY MEDICAL CENTER, INC.

Current Principal Place of Business:

9765 S.W. 184TH ST.

Feb 27, 2024 Secretary of State 9053727324CC

FILED

Certificate of Status Desired: No

REGISTERED AGENT

Date

02/27/2024

2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT