## 2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000099858

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: Yes

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

FILED Feb 08, 2016

**Secretary of State** 

CC9867103191

Officer/Director Detail:

Title VPST Title D

NameMINKES, LINDANameMINKES, LINDAAddress9765 S.W. 184TH ST.Address9765 S.W. 184TH ST.

City-State-Zip: MIAMI FL 33157 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 G MINKES

Electronic Signature of Signing Officer/Director Detail

**PRESIDENT** 

02/08/2016

Date