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: MARGARITA GARCIA

Electronic Signature of Signing Officer/Director Detail

2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000097856

Entity Name: PALM SPRINGS MEDICAL MSO OF SOUTH FL PROFESSIONAL ASSOCIATION

Current Principal Place of Business:

12600 PEMBROKE ROAD, SUITE-300 MIRAMAR, FL 33027

Current Mailing Address:

12600 PEMBROKE ROAD, SUITE-300 MIRAMAR, FL 33027

FEI Number: 27-1481078

Name and Address of Current Registered Agent:

GARCIA, MARGARITA 12600 PEMBROKE RD. **STE 300** MIRAMAR, FL 33027 US

SIGNATURE:

Electronic Signature of Registered Agent

Officer/Director Detail :

Title PS GARCIA, MARGARITA Name Address 12600 PEMBROKE ROAD, SUITE 300 City-State-Zip: MIRAMAR FL 33027

> 04/29/2016 PRESIDENT

Certificate of Status Desired: No

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.

Date

FILED Apr 29, 2016 Secretary of State CC7357015867

Date