

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000097856

**FILED  
Apr 27, 2015  
Secretary of State  
CC3658465827**

**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**

**Certificate of Status Desired: No**

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

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

*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**

**PRESIDENT**

**04/27/2015**

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

\_\_\_\_\_  
Date