

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P14000038075

**Entity Name:** NPC OF PALM BEACH, INC.

**Current Principal Place of Business:**

2 S. BISCAYNE BLVD.  
SUITE 1740  
MIAMI, FL 33131

**FILED**  
**Jan 09, 2017**  
**Secretary of State**  
**CC4829685563**

**Current Mailing Address:**

2 S. BISCAYNE BLVD.  
SUITE 1740  
MIAMI, FL 33131

**FEI Number: 46-5507311**

**Certificate of Status Desired: No**

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

NEWMAN, JEFFREY E  
2 S BISCAYNE BLVD  
SUITE 1740  
MIAMI, FL 33131 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 P  
Name NEWMAN, JEFFREY E  
Address 2 S. BISCAYNE BLVD #1740  
City-State-Zip: MIAMI FL 33131

Title VP  
Name NEWMAN, ROBERT N  
Address 2 S. BISCAYNE BLVD #1740  
City-State-Zip: MIAMI FL 33131

Title VP  
Name RUFFA, JOHN D  
Address 2056 VISTA PARK WAY SUITE 225  
City-State-Zip: WEST PALM BEACH FL 33411

*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: JEFFREY NEWMAN**

**P**

**01/09/2017**

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

\_\_\_\_\_  
Date