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.

VP

## 2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT

#### DOCUMENT# P21000047867

## Entity Name: PALM SPRINGS COMMUNITY HEALTH CENTER, CORP

## Current Principal Place of Business:

14411 COMMERCE WAY 250 MIAMI LAKES, FL 33016

#### **Current Mailing Address:**

14411 COMMERCE WAY 250 MIAMI LAKES, FL 33016

#### FEI Number: APPLIED FOR

## Name and Address of Current Registered Agent:

MARTIN, REBECA 14411 COMMERCE WAY 250 MIAMI LAKES, FL 33016 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

#### Officer/Director Detail :

Title	Р	Title	VP
Name	MARTIN, REBECA	Name	SANTOS, ALEJANDRO
Address	14411 COMMERCE WAY, SUITE 250	Address	14411 COMMERCE WAY
City-State-Zip:	MIAMI LAKES FL 33016	City-State-Zip:	MIAMI LAKES FL 33016

Electronic Signature of Signing Officer/Director Detail

SIGNATURE: ALEJANDRO SANTOS

FILED Apr 21, 2023 Secretary of State 5455325521CC

Certificate of Status Desired: No

04/21/2023 Date

Date