| 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: REBECA GARCIA

Electronic Signature of Signing Officer/Director Detail

Date

# 2025 FLORIDA PROFIT CORPORATION ANNUAL REPORT

#### DOCUMENT# P21000047867

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

# **Current Principal Place of Business:**

15495 EAGLE NEST LANE 260 MIAMI LAKES, FL 33014

# **Current Mailing Address:**

15495 EAGLE NEST LANE 260 MIAMI LAKES, FL 33014 US

### FEI Number: 86-3996753

# Name and Address of Current Registered Agent:

GARCIA, REBECA 15495 EAGLE NEST LANE 260 MIAMI LAKES, FL 33014 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                 | REBECA GARCIA                            |                 |                              | 04/29/2025 |  |
|---------------------------|--|-----------------|------------------------------|------------|--|
|                           | Electronic Signature of Registered Agent |                 |                              | Date       |  |
| Officer/Director Detail : |  |                 |                              |            |  |
| Title                     | Р  | Title           | VP                           |            |  |
| Name                      | GARCIA, REBECA                           | Name            | SANTOS, ALEJANDRO            |            |  |
| Address                   | 15495 EAGLE NEST LANE<br>260             | Address         | 15495 EAGLE NEST LANE<br>260 |            |  |
| City-State-Zip:           | MIAMI LAKES FL 33014                     | City-State-Zip: | MIAMI LAKES FL 33014         |            |  |

# Certificate of Status Desired: No

04/29/2025

FILED Apr 29, 2025 Secretary of State 2850708674CC