

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P21000057607

**Entity Name:** BURKE FAMILY MEDICINE P.A.

**Current Principal Place of Business:**

2623 S. SEACREST BLVD  
SUITE 106  
BOYNTON BEACH, FL 33435

**Current Mailing Address:**

2623 S. SEACREST BLVD  
SUITE 106  
BOYNTON BEACH, FL 33435 US

**FEI Number:** 87-1398935

**Certificate of Status Desired:** No

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

BURKE, MICHAEL S MD  
2623 S. SEACREST BLVD  
SUITE 106  
BOYNTON BEACH, FL 33435 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 CEO  
Name BURKE, MICHAEL S MD  
Address 2623 S. SEACREST BLVD  
SUITE 106  
City-State-Zip: BOYNTON BEACH FL 33435

Title D  
Name BURNS, MAIA S  
Address 2623 S. SEACREST BLVD  
SUITE 106  
City-State-Zip: BOYNTON BEACH FL 33435

*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:** MICHAEL S. BURKE

CEO

03/26/2023

Electronic Signature of Signing Officer/Director Detail

Date