

2025 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: Yes

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 MD

CEO

02/25/2025

Electronic Signature of Signing Officer/Director Detail

Date