

**2025 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P23000022638

**Entity Name:** IM CARE OF THE PALM BEACHES PA

**Current Principal Place of Business:**

3345 BURNS RD  
SUITE 202  
PALM BEACH GARDENS, AL 33410

**Current Mailing Address:**

3345 BURNS RD  
SUITE 202  
PALM BEACH GARDENS, AL 33410 US

**FEI Number:** 92-3145040

**Certificate of Status Desired:** No

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

AMBROSE, MICHAEL  
3345 BURNS ROAD SUITE 202  
PALM BEACH GARDENS, FL 33410-4305 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 AMBROSE, MICHAEL F  
Address 3345 BURNS RD STE 202  
City-State-Zip: PALM BEACH GARDENS FL 33410

*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 AMBROSE

MD

04/16/2025

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

\_\_\_\_\_  
Date