

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P94000007342

**FILED**  
**Apr 29, 2016**  
**Secretary of State**  
**CC7574330012**

**Entity Name:** PALM SPRINGS MEDICAL SERVICES OF SOUTH FLORIDA, INC.

**Current Principal Place of Business:**

12600 PEMBROKE RD  
SUITE-300  
MIRAMAR, FL 33027

**Current Mailing Address:**

P O BOX 5137  
HIALEAH, FL 33014 US

**FEI Number: 65-0463205**

**Certificate of Status Desired: No**

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

GARCIA, RAMON M  
10185 COLLINS AVE.  
# 803  
BAL HARBOUR, FL 33154 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 DR  
Name GARCIA, RAMON  
Address 10185 COLLINS AVE., # 803  
City-State-Zip: BAL HARBOUR FL 33154

*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: RAMON GARCIA-SEPTIEN,M.D.**

**PRESIDENT**

**04/29/2016**

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

\_\_\_\_\_  
Date