

**2023 FLORIDA PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P95000038395

**Entity Name:** MEDICAL SPECIALISTS OF THE PALM BEACHES, INC.**Current Principal Place of Business:**7593 W. BOYNTON BEACH BLVD.  
SUITE 220  
BOYNTON BEACH, FL 33437**Current Mailing Address:**7593 W. BOYNTON BEACH BLVD.  
SUITE 220  
BOYNTON BEACH, FL 33437 US**FEI Number:** 65-0580501**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**WATERS, CASEY  
7593 W. BOYNTON BEACH BLVD.  
SUITE 220  
BOYNTON BEACH, FL 33437 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	DIRECTOR, PRESIDENT
Name	LIRA, CARLOS MD
Address	7593 W. BOYNTON BEACH BLVD. SUITE 220
City-State-Zip:	BOYNTON BEACH FL 33437

Title	DIRECTOR
Name	ORIENTE, GABRIEL
Address	7593 W. BOYNTON BEACH BLVD. SUITE 220
City-State-Zip:	BOYNTON BEACH FL 33437

Title	DIRECTOR
Name	SHAMI, NEDAL MD
Address	7593 W. BOYNTON BEACH BLVD. SUITE 220
City-State-Zip:	BOYNTON BEACH FL 33437

Title	CEO
Name	WATERS, CASEY CEO
Address	7593 W. BOYNTON BEACH BLVD. SUITE 220
City-State-Zip:	BOYNTON BEACH FL 33437

Title	SECRETARY, TREASURER
Name	PARSONS, KEITH
Address	7593 W. BOYNTON BEACH BLVD. SUITE 220
City-State-Zip:	BOYNTON BEACH FL 33437

*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:** CASEY P. WATERS

CEO

08/28/2023

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