

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P96000037866

**Entity Name:** PALM GLADES RURAL HEALTH ASSOCIATES, INC.

**Current Principal Place of Business:**

217 WEST AVENUE A  
BELLE GLADE, FL 33430

**Current Mailing Address:**

217 WEST AVENUE A  
BELLE GLADE, FL 33430 US

**FEI Number:** 65-0678427

**Certificate of Status Desired:** No

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

HURBS, KEITH  
217 W AVE A  
BELLE GLADE, FL 33430 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 HURBS, KEITH  
Address 217 WEST AVENUE A  
City-State-Zip: BELLE GLADE FL 33430

Title V  
Name HURBS, ANN-MARIE  
Address 217 WEST AVENUE A  
City-State-Zip: BELLE GLADE FL 33430

*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:** KEITH HURBS

04/18/2024

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

\_\_\_\_\_  
Date