

2023 FLORIDA PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P98000067294

Entity Name: PALM BEACH NEUROLOGY, P.A.

Current Principal Place of Business:

4631 N CONGRESS AVE.
SUITE 200
WEST PALM BEACH, FL 33407

Current Mailing Address:

4631 N CONGRESS AVE.
SUITE 200
WEST PALM BEACH, FL 33407 US

FEI Number: 65-0848900

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

JERRELL, CAROL
4631 N CONGRESS AVE, STE 200
WEST PALM BEACH, FL 33407 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 VP
Name WINNER, PAUL KDO
Address 4631 N CONGRESS AVE SUITE 200
City-State-Zip: WEST PALM BEACH FL 33407

Title VP
Name BUTERA, LOUIS JDO
Address 4631 N CONGRESS AVE SUITE 200
City-State-Zip: WEST PALM BEACH FL 33407

Title VP
Name STONE , REED
Address 4631 N CONGRESS AVE.
SUITE 200
City-State-Zip: WEST PALM BEACH FL 33407

Title VP
Name DA SAILVA, ARNALDO N DR.
Address 4631 N CONGRESS AVE.
SUITE 200
City-State-Zip: WEST PALM BEACH FL 33407

Title SECRETARY
Name BECKER, TARA LYNN DR.
Address 4631 N CONGRESS AVE.
SUITE 200
City-State-Zip: WEST PALM BEACH FL 33407

Title VP
Name SADOWSKY, CARL H DR.
Address 4631 N CONGRESS AVE.
SUITE 200
City-State-Zip: WEST PALM BEACH FL 33407

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: PAUL K WINNER

PRESIDENT

10/23/2023

Electronic Signature of Signing Officer/Director Detail

Date