

2022 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V03234

Entity Name: PALMS CONVALESCENT CARE, INC.

Current Principal Place of Business:

4770 BISCAYNE BLVD.
STE 1400
MIAMI, FL 33137

FILED
Apr 25, 2022
Secretary of State
8874127061CC

Current Mailing Address:

4770 BISCAYNE BLVD.
STE 1400
MIAMI, FL 33137 US

FEI Number: 65-0310455

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GALBUT, ABRAHAM A
4770 BISCAYNE BLVD.
STE 1400
MIAMI, FL 33137 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 PRESIDENT, DIRECTOR
Name GALBUT, ABRAHAM A
Address 4770 BISCAYNE BLVD.,STE 1400
City-State-Zip: MIAMI FL 33137

Title VP, SECRETARY, DIRECTOR
Name GALBUT, DANIEL
Address 4770 BISCAYNE BLVD.
 STE 1400
City-State-Zip: MIAMI FL 33137

Title VP, TREASURER, DIRECTOR
Name GALBUT, ERIC B
Address 4770 BISCAYNE BLVD
 STE 580
City-State-Zip: MIAMI FL 33137

Title AUTHORIZED REPRESENTATIVE
Name WALTERS, ALAN S
Address 4770 BISCAYNE BLVD
 SUITE 1400
City-State-Zip: MIAMI FL 33137

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: ALAN S. WALTERS

**AUTHORIZED
REPRESENTATIVE**

04/25/2022

Electronic Signature of Signing Officer/Director Detail

Date