

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000039129

Entity Name: PALM HEALTHGROUP LLC

Current Principal Place of Business:

568 9TH ST. S. #159
NAPLES, FL 34102

Current Mailing Address:

568 9TH ST. S.#159
NAPLES, FL 34102 US

FEI Number: 41-2112356

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

VAN DE PAVOORDT-FRANKLIN, JENNIFER
568 9TH ST. S. #159
NAPLES, FL 34102 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: JENNIFER VAN DE PAVOORDT-FRANKLIN

03/19/2014

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR
Name VAN DE PAVOORDT-FRANKLIN,
JENNIFER PHD
Address 568 9TH ST. S. #159
City-State-Zip: NAPLES FL 34102

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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JENNIFER VAN DE PAVOORDT-FRANKLIN

PHD

03/19/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date