## 2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000039129

Entity Name: PALM HEALTHGROUP LLC

**Current Principal Place of Business:** 

900 BROAD AVE S., #23 NAPLES, FL 34102

900 BROAD AVE S., #23 NAPLES, FL 34102 US

**Current Mailing Address:** 

FEI Number: 41-2112356 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

VAN DE PAVOORDT-FRANKLIN, JENNIFER 900 BROAD AVE S, 23

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 02/15/2019

Electronic Signature of Registered Agent

Date

FILED Feb 15, 2019

**Secretary of State** 

9765299880CC

Authorized Person(s) Detail:

Title MGR

Name VAN DE PAVOORDT-FRANKLIN,

JENNIFER PHD

Address 900 BROAD AVE S

#23

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

02/15/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date