

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000054440

Entity Name: PALM BEACH INTERNAL MEDICINE, LLC

Current Principal Place of Business:

3502 KYOTO GARDENS DRIVE
SUITE A
PALM BEACH GARDENS, FL 33410

Current Mailing Address:

3502 KYOTO GARDENS DRIVE
SUITE A
PALM BEACH GARDENS, FL 33410 US

FEI Number: 33-1096450

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HALICKMAN, DOREEN BONADIE
102 OLIVERA WAY
PALM BEACH GARDENS, FL 33418 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

Authorized Person(s) Detail :

Title	MGR	Title	AUTHORIZED MEMBER
Name	DHARIA, RUPESH RM.D.	Name	DHARIA, SAMI R
Address	11700 LANDING PLACE	Address	3502 KYOTO GARDENS DRIVE SUITE A
City-State-Zip:	NORTH PALM BEACH FL 33408	City-State-Zip:	PALM BEACH GARDENS FL 33410

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: RUPESH DHARIA

OWNER

03/01/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date