

**2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000017434

**Entity Name:** PALM HARBOR MEDICAL ASSOCIATES, L.L.C.

**Current Principal Place of Business:**

3820 TAMPA ROAD  
SUITE 202  
PALM HARBOR, FL 34684

**Current Mailing Address:**

3820 TAMPA ROAD  
SUITE 202  
PALM HARBOR, FL 34684

**FEI Number:** 59-3089120

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CHESTNUT BUSINESS SERVICES, LLC  
311 PARK PLACE BOULEVARD  
SUITE 300  
CLEARWATER, FL 33759 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:** MICHAEL A. IGEL

04/30/2025

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title AUTHORIZED REPRESENTATIVE  
Name HPA MANAGER, LLC  
Address 108 LAKELAND AVE  
City-State-Zip: DOVER DE 19901

*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:** HPA MANAGER, LLC

**AUTHORIZED  
REPRESENTATIVE**

04/30/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date