

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000050519

**Entity Name:** PODIATRY ASSOCIATES OF THE PALM BEACHES, LLC

**Current Principal Place of Business:**

11380 PROSPERITY FARMS RD  
UNIT 221E  
PALM BEACH GARDENS, FL 33410

**Current Mailing Address:**

4167 HAVERHILL RD N  
1106  
WEST PALM BEACH, FL 33417 US

**FEI Number:** 26-0189224

**Certificate of Status Desired:** No

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

ETHEREDGE, KALI  
4167 HAVERHILL RD N  
1106  
WEST PALM BEACH, FL 33417 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 MGRM  
Name ETHEREDGE, KALI  
Address 4167 HAVERHILL RD N  
1106  
City-State-Zip: WEST PALM BEACH FL 33417

*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:** KALI ETHEREDGE

**MGRM**

**04/30/2023**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date