SIGNATURE:										

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.

Electronic Signature of Registered Agent

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

Electronic Signature of Signing Authorized Person(s) Detail

Entity Name: PODIATRY ASSOCIATES OF THE PALM BEACHES, LLC

DOCUMENT# L07000050519

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

Name and Address of Current Registered Agent:

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

Certificate of Status Desired: No

Date

Date

MGRM

04/30/2025

FILED Apr 30, 2025 Secretary of State 5908740739CC