SIGNATURE:													
		<u>.</u> .		_	 								

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

Entity Name: PODIATRY ASSOCIATES OF THE PALM BEACHES, LLC

Authorized Person(s) Detail :

WEST PALM BEACH, FL 33417 US

DOCUMENT# L07000050519

11380 PROSPERITY FARMS RD

Current Mailing Address: 4167 HAVERHILL RD N

FEI Number: 26-0189224

ETHEREDGE, KALI 4167 HAVERHILL RD N

PALM BEACH GARDENS, FL 33410

UNIT 221E

1106

1106

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Current Principal Place of Business:

WEST PALM BEACH, FL 33417 US

Name and Address of Current Registered Agent:

Title MGRM ETHEREDGE, KALI Name 4167 HAVERHILL RD N Address 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.

MGRM

SIGNATURE: KALI ETHEREDGE

Electronic Signature of Signing Authorized Person(s) Detail

Certificate of Status Desired: No

04/28/2022 Date

Date

FILED Apr 28, 2022 Secretary of State 4636915154CC