2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 25, 2016
Secretary of State
CC9357214526

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Entity Name: PALM BEACH ACUTE CARE CONSULTANTS, LLC

Current Principal Place of Business:

477 SOUTH ROSEMARY AVE
202
WEST PALM BEACH, FL 33401

Current Mailing Address:

P. O. BOX 541835
LAKE WORTH, FL 33454

FEI Number: 45-3839546

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ADEN, D.
477 SOUTH ROSEMARY AVE
202
WEST PALM BEACH, FL 33401 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: D. ADEN 03/25/2016

Electronic Signature of Registered Agent — Date

Authorized Person(s) Detail :

Title	MGR	Title	MGR
Name	RASHID, BINA	Name	D., ADEN
Address	P.O.BOX 541835	Address	P.O.BOX 541835
City-State-Zip:	LAKE WORTH FL 33454	City-State-Zip:	LAKE WORTH FL 33454

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: D.ADEN MGR 03/25/2016

Electronic Signature of Signing Authorized Person(s) Detail — Date