

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000012073

**Entity Name:** SOUTH PALM BEACH HEALTH GROUP, PLLC

**Current Principal Place of Business:**

880 NORTHWEST 13TH ST. #2B  
BOCA RATON, FL 33486

**Current Mailing Address:**

880 NORTHWEST 13TH ST. #2B  
BOCA RATON, FL 33486

**FEI Number:** 46-1839082

**Certificate of Status Desired:** No

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

REITANO, ANTHONY J  
4400 N FEDERAL HIGHWAY  
210  
BOCA RATON, FL 33431 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:** ANTHONY J REITANO

04/20/2015

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title	MGRM	Title	MGRM
Name	CONTINEVITY 2, LLC	Name	SOUTH PALM PRIMARY CARE, LLC
Address	19090 SKYRIDGE CIR	Address	3402 PINE HAVEN CIRCLE
City-State-Zip:	BOCA RATON FL 33498	City-State-Zip:	BOCA RATON FL 33431

*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:** RICHARD MARTINOFF

MGRM

04/20/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date