

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000138237

Entity Name: PARK MEDICAL PLAZA, LLC**Current Principal Place of Business:**3345 BURNS ROAD
SUITE 206
PALM BEACH GARDENS, FL 33410**Current Mailing Address:**3345 BURNS ROAD
SUITE 206
PALM BEACH GARDENS, FL 33410 US**FEI Number:** 46-3944336**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**FOUCAULD, JEAN R
3345 BURNS ROAD
SUITE 206
PALM BEACH GARDENS, FL 33410 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:** FOUCAULD JEAN

05/01/2021

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGRM
Name VENUGOPAL, CHANDRA DR.
Address 3345 BURNS ROAD
SUITE 206
City-State-Zip: PALM BEACH GARDENS FL 33410

Title MGRM
Name FOUCAULD, JEAN MD
Address 3345 BURNS ROAD
SUITE 206
City-State-Zip: PALM BEACH GARDENS FL 33410

Title MGRM
Name VEDERE, AMARNATH MD
Address 3345 BURNS ROAD
SUITE 206
City-State-Zip: PALM BEACH GARDENS FL 33410

Title MGRM
Name SHAH, NEERAV MD
Address 3345 BURNS ROAD
SUITE 206
City-State-Zip: PALM BEACH GARDENS FL 33410

Title MGRM
Name BALDARI, DUCCIO MD
Address 3345 BURNS ROAD
SUITE 206
City-State-Zip: PALM BEACH GARDENS FL 33410

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: FOUCAULD JEAN

MGRM

05/01/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date