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.

MANAGER

SIGNATURE: MARYAM JAVED

Electronic Signature of Signing Authorized Person(s) Detail

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

Entity Name: HEALTH ASSOCIATES OF PALM BEACH LLC

Current Principal Place of Business:

3345 BURNS ROAD, SUITE 304 PALM BEACH GARDENS, FL 33410

DOCUMENT# L15000015290

Current Mailing Address:

P.O BOX 541932 GREEN ACRES, FL 33454 US

FEI Number: 47-2935351

Name and Address of Current Registered Agent:

JAVED, MARYAM 5786 SUGARCANE LN LAKE WORTH, FL 33449 US FILED Apr 27, 2023 Secretary of State 2735429443CC

Certificate of Status Desired: No

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:

Electronic Signature of Registered Agent

Authorized Person(s) Detail :

Title	MGR	Title	MGR
Name	JAVED, MARYAM	Name	KHAN, SHAHZAD
Address	5786 SUGARCANE LN	Address	5786 SUGARCANE LN
City-State-Zip:	LAKE WORTH FL 33449	City-State-Zip:	LAKE WORTH FL 33449

Date

04/27/2023

Date