

2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000100209

Entity Name: PALM MEDICAL CENTER HOSPITALIST GROUP, LLC

Current Principal Place of Business:

2600 DOUGLAS ROAD, SUITE 308
CORAL GABLES, FL 33134

Current Mailing Address:

2600 DOUGLAS ROAD, SUITE 308
CORAL GABLES, FL 33134 US

FEI Number: 32-0567070

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATE CREATIONS NETWORK, INC.
801 US HIGHWAY 1
NORTH PALM BEACH, FL 33408 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:

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title CEO
Name CHOUDHRY, FOWAD
Address 2600 DOUGLAS ROAD, SUITE 308
City-State-Zip: CORAL GABLES FL 33134

Title CFO
Name LEAL, JUAN
Address 2600 DOUGLAS ROAD, SUITE 308
City-State-Zip: CORAL GABLES FL 33134

Title SVP OPERATIONAL PERFORMANCE
Name ALVAREZ, JORGE
Address 2600 DOUGLAS ROAD, SUITE 308
City-State-Zip: CORAL GABLES FL 33134

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: FOWAD CHOUDHRY

**CEO BY SARAY DJIDJI,
ATTORNEY IN FACT**

04/16/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date