

**2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000227645

**Entity Name:** RHEUMATOLOGY CENTER OF PALM BEACH, PLLC

**Current Principal Place of Business:**

3918 VIA POINCIANA DR.  
STE 2  
LAKE WORTH, FL 33467

**Current Mailing Address:**

3918 VIA POINCIANA DR.  
STE 2  
LAKE WORTH, FL 33467 US

**FEI Number:** 83-2037656

**Certificate of Status Desired:** No

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

KMG CPA & ASSOCIATES, LLC  
1101 MIRANDA LN STE 109  
KISSIMMEE, FL 34741 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:** JOEL R MEDINA

04/30/2025

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title AMBR  
Name MAYA VILLAMIZAR, JUAN JOSE  
Address 3918 VIA POINCIANA DR.  
STE 2  
City-State-Zip: LAKE WORTH FL 33467

*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:** MAYA VILLAMIZAR , JUAN JOSE

AMBR

04/30/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date