

2021 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 4
LAKE WORTH, FL 33467

Current Mailing Address:

3918 VIA POINCIANA DR.
STE 4
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

04/29/2021

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title AMBR
Name MAYA VILLAMIZAR, JUAN JOSE
Address 3918 VIA POINCIANA DR.
STE 4
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: JUAN JOSE MAYA VILLAMIZAR

AMBR

04/29/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date