

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000065363

**Entity Name:** HEALTHCARE ASSOCIATES OF PALM BEACH, LLC

**Current Principal Place of Business:**

7730 BOYNTON BEACH BLVD UNIT 3  
BOYNTON BEACH, FL 33437

**Current Mailing Address:**

7730 W BOYNTON BEACH BLVD  
STE 3  
BOYNTON BEACH, FL 33437 US

**FEI Number:** 83-4031341

**Certificate of Status Desired:** No

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

ACTONY, INC.  
2424 N. FEDERAL HWY SUITE 411  
BOCA RATON, FL 33431 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            AMBR  
Name            ROGOVIN, MARK  
Address        7730 BOYNTON BEACH BLVD UNIT 3  
City-State-Zip: BOYNTON BEACH FL 33437

Title            AMBR  
Name            DOCTOR, TRUDELL  
Address        6080 BOYNTON BEACH BLVD SUITE  
                  230  
City-State-Zip: BOYNTON BEACH FL 33437

*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:** MARK ROGOVIN

**AUTHORIZED MEMBER**

**01/09/2023**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date