

**2022 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	Title	AMBR
Name	7730 BBB, LLC	Name	TRUDELDOCTORMD LLC
Address	7730 BOYNTON BEACH BLVD UNIT 3	Address	7730 BOYNTON BEACH BLVD UNIT 3
City-State-Zip:	BOYNTON BEACH FL 33437	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

**PRESIDENT**

**04/16/2022**

Electronic Signature of Signing Authorized Person(s) Detail

Date