

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L20000211381

Entity Name: GOLDBERG HEALTHCARE PARTNERS, LLC

Current Principal Place of Business:

2522 S CROATAN HWY
STE 1C
NAGS HEAD, NC 27959

Current Mailing Address:

PO BOX 749
KILL DEVIL HILLS, NC 27948 US

FEI Number: 85-2252537

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

M CHRIS EDWARDS PA
4425 MILITARY TRAIL
SUITE 200
JUPITER, FL 33458 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 MGR
Name ACME PROPERTY MANAGEMENT,
LLC
Address 4300 SOUTH US HIGHWAY 1
STE 203-346
City-State-Zip: JUPITER FL 33477

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: PETER PINTO

MANAGING AGENT

02/12/2024

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date