

**2023 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M00000001665

**Entity Name:** WEST PALM BEACH MEDICAL INVESTORS, LLC

**Current Principal Place of Business:**

3001 KEITH STREET  
CLEVELAND, TN 37312

**Current Mailing Address:**

3001 KEITH STREET  
CLEVELAND, TN 37312

**FEI Number: 62-1829254**

**Certificate of Status Desired: No**

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 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	CMGR	Title	ASSISTANT SECRETARY
Name	WEST PALM BEACH MEDICAL INC	Name	THURMOND, JOAN E.
Address	357 KEITH STREET NW	Address	3001 KEITH STREET
City-State-Zip:	CLEVELAND TN 37312	City-State-Zip:	CLEVELAND TN 37312

*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: JOAN E. THURMOND**

**ASSISTANT SECRETARY 03/06/2023**

Electronic Signature of Signing Authorized Person(s) Detail

Date