

2018 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M17000008972

Entity Name: PALM BEACH THYROID AND ENDOCRINOLOGY WELLNESS, LLC

Current Principal Place of Business:

12957 PALM WEST DRIVE, SUITE 204
LOXAHATCHEE, FL 33470

Current Mailing Address:

12957 PALM WEST DRIVE, SUITE 204
LOXAHATCHEE, FL 33470 US

FEI Number: 46-4798974

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

FRISCH, MICHAEL DR
12957 PALM WEST DRIVE, SUITE 204
LOXAHATCHEE, FL 33470 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	MGRM	Title	MGRM
Name	FRISCH, MICHAEL DR	Name	FRISCH, ANNA DR
Address	12957 PALM WEST DRIVE, SUITE 204	Address	12957 PALM WEST DRIVE, SUITE 204
City-State-Zip:	LOXAHATCHEE FL 33470	City-State-Zip:	LOXAHATCHEE FL 33470

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: DR. MICHAEL FRISCH

MGRM

03/30/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date