SIGNATURE: STUART T. LEWIS, DO

above, or on an attachment with all other like empowered.

Electronic Signature of Signing Officer/Director Detail

## 2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000017072

Entity Name: PALM MEDICAL OF SOUTH FLORIDA, P.A.

**Current Principal Place of Business:** 

200 KNUTH ROAD 150 BOYNTON BEACH, FL 33436

#### **Current Mailing Address:**

200 KNUTH ROAD 150 BOYNTON BEACH, FL 33436

### FEI Number: 65-1062975

### Name and Address of Current Registered Agent:

Electronic Signature of Registered Agent

LEWIS, STUART 200 KNUTH ROAD 150 BOYNTON BEACH, FL 33436 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:

# Officer/Director Detail :

Title	Р	Title	VP
Name	LEWIS, STUART TDO	Name	LEWIS, PHYLIS E
Address	200 KNUTH ROAD, SUITE 150	Address	796 STEPHEN RD
City-State-Zip:	BOYNTON BEACH FL 33436	City-State-Zip:	WARMINISTER PA 18974

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 an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears

PRESIDENT

# FILED Jun 05, 2013 Secretary of State CC8360271458

Certificate of Status Desired: No

06/05/2013

Date

Date