

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P00000017072

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

**Current Principal Place of Business:**

796 STEPHEN ROAD  
WARMINSTER, PA 18974

**Current Mailing Address:**

796 STEPHEN ROAD  
WARMINSTER, PA 18974 US

**FEI Number:** 65-1062975

**Certificate of Status Desired:** No

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

REGISTERED AGENTS INC  
7901 4TH ST N  
SUITE 300  
ST. PETERSBURG, FL 33702 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:** DAVID ROBERTS

04/19/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	P	Title	VP
Name	LEWIS, STUART T	Name	LEWIS, PHYLLIS E
Address	13512 CARRICK GREEN COURT	Address	796 STEPHEN RD
City-State-Zip:	DELRAY BEACH FL 33446	City-State-Zip:	WARMINSTER 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** STUART T. LEWIS, DO

PRESIDENT

04/19/2024

Electronic Signature of Signing Officer/Director Detail

Date