

4-20-95 12-40241 X.C.  
**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
 ANNUAL REPORT  
 1995



FLORIDA DEPARTMENT OF STATE  
 Sandra B. Northam  
 Secretary of State  
 DIVISION OF CORPORATIONS

APPROVED  
 AND  
 FILED

95 APR 20 PM 12:24

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # **742020** (1)

1. Corporation Name  
**THE PALM BEACH GARDENS MEDICAL CENTER AUXILIARY, INC.**

Principal Place of Business Mailing Address  
**624 PILOT ROAD NORTH PALM BEACH FL 33408**      **624 PILOT ROAD NORTH PALM BEACH FL 33408**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **03/16/1978**      3a. Date of Last Report **04/25/1994**  
 4. FEI Number **59-1791451**      Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address  
 21 **8391 NASHUA DRIVE** 26 **8391 NASHUA DRIVE**  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
 22      27  
 City & State City & State  
 23 **PALM BEACH GARDENS FL** 28 **PALM BEACH GARDENS FL**  
 Zip Country Zip Country  
 24 **33418** 25 **USA** 29 **33418** 30 **USA**

5. Certificate of Status Desired  **\$0.75 Additional Fee Required**  
 6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**  
 7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  **\$68.75 Supplemental Fee Not Required**  
 8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
**DALZEIL, ISOBEL**  
**624 PILOT RD**  
**NO PALM BEACH FL 33408**

10. Name and Address of New Registered Agent  
 81 Name **MARTHA DUNCAN**  
 82 Street Address (P.O. Box Number is Not Acceptable) **8391 NASHUA DRIVE**  
 83  
 84 City **PALM BEACH GARDENS FL** 85 Zip Code **33418**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE Martha Duncan DATE 4/17/95  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS

TITLE	<b>RD</b>
NAME	<b>RICHARDSON, NELL</b>
STREET ADDRESS	<b>11811 AVE OF PGA 7-1H</b>
CITY-ST-ZIP	<b>PALM BCH GARDENS FL</b>
TITLE	<b>SD</b>
NAME	<b>BOUCHARD, RUTH</b>
STREET ADDRESS	<b>2681 MIKASA DR</b>
CITY-ST-ZIP	<b>PALM BCH GARDENS FL</b>
TITLE	<b>TD</b>
NAME	<b>DALZEIL, ISOBEL</b>
STREET ADDRESS	<b>624 PILOT ROAD</b>
CITY-ST-ZIP	<b>NO PALM BEACH FL</b>
TITLE	<b>VD</b>
NAME	<b>KUNKLE, BARBARA</b>
STREET ADDRESS	<b>712 WINDERMERE WAY</b>
CITY-ST-ZIP	<b>PALM BCH GARDENS FL</b>
TITLE	<b>PD</b>
NAME	<b>COLE, WANDA</b>
STREET ADDRESS	<b>768 WESTWIND DR.</b>
CITY-ST-ZIP	<b>N. PALM BEACH FL</b>
TITLE	<b>ATD</b>
NAME	<b>CIANO, GLORIA</b>
STREET ADDRESS	<b>10000 MERIDIAN WAY 2</b>
CITY-ST-ZIP	<b>PALM BCH GARDENS FL</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>OMSTEAD, IRENE</b>
2.3 STREET ADDRESS	<b>4147 - 69TH LANE</b>
2.4 CITY-ST-ZIP	<b>RIVIERA BEACH FL. 33404</b>
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>MARTHA DUNCAN</b>
3.3 STREET ADDRESS	<b>8391 NASHUA DRIVE</b>
3.4 CITY-ST-ZIP	<b>PALM BEACH GARDENS FL. 33418</b>
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	<b>KITTY HILKER</b>
6.3 STREET ADDRESS	<b>713 KITTYHAWK DRIVE</b>
6.4 CITY-ST-ZIP	<b>NORTH PALM BEACH FL 33408</b>

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Martha D. Duncan DATE 4/17/95 467-622-7297  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Ink) (Type Here)