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**Apr 17 1997 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 742020 (1)
 1. Corporation Name
THE PALM BEACH GARDENS MEDICAL CENTER AUXILIARY, INC.



Principal Place of Business 8391 NASHUA DRIVE PALM BEACH GARDENS FL 33418 US	Mailing Address 8391 NASHUA DRIVE PALM BEACH GARDENS FL 33418-6047 US
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3. Date Incorporated or Qualified 03/16/1978	3a. Date of Last Report 05/01/1996
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2. Principal Place of Business PBG MED. CENTER		2a. Mailing Address		4. FEI Number 59-1791451		Applied For Not Applicable	
21 3360 BURNS ROAD	26	Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
22 PALM BEACH GARDENS, FL		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
23 FL		28		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
24 33410	25 US	29	30				

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

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	RD <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLARK, PATRICIA	1.2 NAME	
STREET ADDRESS	229 EAGLETON LAKES BLVD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH GARDENS FL	1.4 CITY-ST-ZIP	
TITLE	SD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	OMSTEAD, IRENE	2.2 NAME	WATSON, SUSAN
STREET ADDRESS	4147-69TH LANE	2.3 STREET ADDRESS	4603 WATER OAK CT.
CITY-ST-ZIP	RIVIERA BEACH FL	2.4 CITY-ST-ZIP	PALM BCH. GARDENS, FL. 33410
TITLE	TD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUNCAN, MARTHA	3.2 NAME	
STREET ADDRESS	8391 NASHUA DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH GARDENS FL	3.4 CITY-ST-ZIP	
TITLE	VD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SCHNUR, DORRIE	4.2 NAME	MILDAED TILLMAN
STREET ADDRESS	1501 OCEAN DUNES CIR.	4.3 STREET ADDRESS	21 YACHT CLUB DR. # 206C
CITY-ST-ZIP	JUPITER FL	4.4 CITY-ST-ZIP	NORTH PALM BCH, FL 33408
TITLE	PD <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HILKER, KITTY	5.2 NAME	SCHNUR, DORRIE
STREET ADDRESS	713 KITTYHAWK DR.	5.3 STREET ADDRESS	1501 OCEAN DUNES CIR.
CITY-ST-ZIP	NORTH PALM BEACH FL	5.4 CITY-ST-ZIP	JUPITER, FL 33417
TITLE	ATD <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUTCHINSON, JOANN	6.2 NAME	
STREET ADDRESS	142 EVERGREEN DR.	6.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE PARK FL	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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** *M. Duncan* **4/10/97** **561-622-7297**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0041471

CR2E037 (9/96)