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FILED
May 13 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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 3380 BURNS ROAD PALM BEACH GARDENS FL 33410 US	Mailing Address 8391 NASHUA DRIVE PALM BEACH GARDENS FL 33418 US
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3. Date Incorporated or Qualified
03/16/1978

4. FEI Number 59-1791451	Applied For <input type="checkbox"/> Not Applicable
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2. Principal Place of Business 21	2a. Mailing Address 26 229 EAGLETON LAKES BLVD
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 PALM BEACH GARDENS FL
City & State 23	City & State 28 33418 FL US
Zip 24	Country 25
29 33418	30 US

6. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.
 Yes No

9. Name and Address of Current Registered Agent

**DUNCAN, MARTHA
8391 NASHUA DRIVE
PALM BEACH GARDENS FL 33418**

10. Name and Address of New Registered Agent

81 Name CLARK, PATRICIA
82 Street Address (P.O. Box Number is Not Acceptable)
83 229 EAGLETON LAKES BLVD.
84 City PALM BEACH GARDENS, FL 85 Zip Code 33418

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 **PATRICIA CLARK TREASURER** *Patricia Clark* **4/27/98**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	RD	1.1 TITLE	RD
NAME	CLARK, PATRICIA	1.2 NAME	CLARK, MEL
STREET ADDRESS	229 EAGLETON LAKES BLVD.	1.3 STREET ADDRESS	450 OCEAN DRIVE
CITY-ST-ZIP	PALM BEACH GARDENS FL	1.4 CITY-ST-ZIP	JUNO BEACH, FL 33408
TITLE	SD	2.1 TITLE	SD
NAME	WATSON, SUSAN	2.2 NAME	CAUMP, SUE
STREET ADDRESS	4803 WATER OAK CT	2.3 STREET ADDRESS	10683 AVENUE OF PGA
CITY-ST-ZIP	PALM BEACH GARDENS FL	2.4 CITY-ST-ZIP	PALM BEACH GARDENS, FL 33418
TITLE	TD	3.1 TITLE	TD
NAME	DUNCAN, MARTHA	3.2 NAME	CLARK, PATRICIA
STREET ADDRESS	8391 NASHUA DRIVE	3.3 STREET ADDRESS	229 EAGLETON LAKES BLVD.
CITY-ST-ZIP	PALM BEACH GARDENS FL	3.4 CITY-ST-ZIP	PALM BEACH GARDENS, FL 33418
TITLE	VD	4.1 TITLE	VD
NAME	TILLMAN, MILDRED	4.2 NAME	WATSON, SUSAN
STREET ADDRESS	21 YACHT CLUB DR #208-C	4.3 STREET ADDRESS	4603 WATER OAK CT.
CITY-ST-ZIP	NORTH PALM BEACH FL	4.4 CITY-ST-ZIP	PALM BCH GARDENS 33410
TITLE	PD	5.1 TITLE	
NAME	SCHNUR, DORRIE	5.2 NAME	
STREET ADDRESS	1501 OCEAN DUNES CIR	5.3 STREET ADDRESS	
CITY-ST-ZIP	JUPITER FL	5.4 CITY-ST-ZIP	
TITLE	ATD	6.1 TITLE	ATD
NAME	HUTCHINSON, JOANN	6.2 NAME	MCMANON, MARGARET
STREET ADDRESS	142 EVERGREEN DR.	6.3 STREET ADDRESS	410 WILMA CIRCLE #207
CITY-ST-ZIP	LAKE PARK FL	6.4 CITY-ST-ZIP	RIVIERA BEACH, FL

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14. I 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: **PATRICIA CLARK TREASURER** *Patricia Clark* **4/27/98**

CR2E037 (10/97)