

FILED
May 05, 1999 8:00 am
Secretary of State

05-05-1999 90063 022 ****70.00

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
 Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 742020

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

Principal Place of Business
 3360 BURNS ROAD
 PALM BEACH GARDENS FL 33410
 US

Mailing Address
 229 EAGLETON LAKES BLVD
 PBG FL 33418
 US



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	03/16/1978
22 City & State	27 City & State	4. FEI Number
23 Zip Country	28 Zip Country	59-1791451 <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
24	29	30
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees

8. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CLARK, P 229 EAGLETON LAKES BLVD PALM BEACH GARDENS FL 33418	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code

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 A CLARK Patricia A. Clark 4/25/99
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 CLARK, M	1.1 TITLE	CORRESPONDING SECY DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLARK, M	1.2 NAME	
STREET ADDRESS	450 OCEAN DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	JUNO BCH FL 33408	1.4 CITY-ST-ZIP	
TITLE	SD CAUMP, S	2.1 TITLE	RECORDING SECRETARY D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CAUMP, S	2.2 NAME	DOLores HARALSON
STREET ADDRESS	10683 AVE OF PGA	2.3 STREET ADDRESS	299 KELSEY PARK CIRCLE
CITY-ST-ZIP	PALM BEACH GARDENS FL 33418	2.4 CITY-ST-ZIP	PALM BCH GRDNS FL 33410
TITLE	TD CLARK, P	3.1 TITLE	
NAME	CLARK, P	3.2 NAME	
STREET ADDRESS	229 EAGLETON LAKES BLVD	3.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33418	3.4 CITY-ST-ZIP	
TITLE	VD WATSON, S	4.1 TITLE	VICE PRESIDENT DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WATSON, S	4.2 NAME	ANITA CHAIT
STREET ADDRESS	2603 WATER OAK CT	4.3 STREET ADDRESS	255 ISLE WAY
CITY-ST-ZIP	NORTH PALM BEACH FL 33410	4.4 CITY-ST-ZIP	PALM BCH GRDNS FL 33418
TITLE	PD SCHNIUR, DORRIE	5.1 TITLE	PRESIDENT DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SCHNIUR, DORRIE	5.2 NAME	ELAINE KONZELMAN
STREET ADDRESS	1501 OCEAN DUNES CIR	5.3 STREET ADDRESS	2385 E. EDGE WATER DR
CITY-ST-ZIP	JUPITER FL	5.4 CITY-ST-ZIP	PALM BCH GRDNS FL 33410
TITLE	ATD MCMAHON, M	6.1 TITLE	
NAME	MCMAHON, M	6.2 NAME	
STREET ADDRESS	410 WILMA CIR, 207	6.3 STREET ADDRESS	
CITY-ST-ZIP	RIVIERA BCH FL	6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE: PATRICIA A CLARK Patricia A. Clark 4/25/99 561-6946996
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/1/98)