

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2001 8:00 am
Secretary of State

04-02-2001 90276 005 ****70.00

0051118

DOCUMENT # 742020

1. Entity Name

THE PALM BEACH GARDENS MEDICAL CENTER AUXILIARY,

Principal Place of Business

Mailing Address

3360 BURNS ROAD
 PALM BEACH GARDENS FL 33410
 US

229 EAGLETON LAKES BLVD
 PBG FL 33418
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CLARK, P
229 EAGLETON LAKES BLVD
PALM BEACH GARDENS FL 33418

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. 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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CSD ACTION, MARGARET 36 ST GEORGE PL PALM BEACH GARDENS FL 33418	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RSD BONDY, ENID 2645 LALLIQUE CIRCLE PALM BEACH GARDENS FL 33410	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CLARK, P 229 EAGLETON LAKES BLVD PALM BEACH GARDENS FL 33418	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CHAIT, ANITA 255 ISLE WAY PALM BEACH GARDENS FL 33418	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KONZELMAN, ELAINE 2585 E. EDGEWATER DR PALM BEACH GARDENS FL 33410	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ATD MCAHON, M 410 WILMA CIR, 207 RIVIERA BCH FL	<input checked="" type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ATD PALMISANO, JANE F 84 MONTEREY POINTE DRIVE PALM BEACH GARDENS FL 33418	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Patricia R. Clark*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/30/01 561-694-7728

Date Daytime Phone #

CR2E037 (10/00)