

4/11/02

FILED
May 29, 2002 8:00 am
Secretary of State

04-11-2002 90104 041 ****61.25

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 742020

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

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

Mailing Address
P.O. BOX 31944
PALM BEACH GARDENS FL 33420-1944
US

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Palm Beach Gardens Medical Center Auxiliary
3360 Burns Road
Palm Beach Grdns., FL 33410

4. FEI Number **59-1791451** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent
CLARK, P
229 EAGLETON LAKES BLVD
PALM BEACH GARDENS FL 33418

7. Name and Address of New Registered Agent
Name **GEORGE R. COOK, TREASURER**
Street Address (P.O. Box Number is Not Acceptable)
117 LOST BRIDGE DR.
City **PALM BEACH GARDENS** FL Zip Code **33410-4469**

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: *George R. Cook* **TREASURER** **4/27/02**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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

TITLE	CSD	<input type="checkbox"/> Delete
NAME	ACTION, MARGARET	
STREET ADDRESS	36 ST GEORGE PL	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33418	
TITLE	RSD	<input checked="" type="checkbox"/> Delete
NAME	BONDY, ERIC	
STREET ADDRESS	2645 LALLIQUE CIRCLE	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410	
TITLE	TD	<input type="checkbox"/> Delete
NAME	CLARK, P	
STREET ADDRESS	229 EAGLETON LAKES BLVD	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33418	
TITLE	VD	<input type="checkbox"/> Delete
NAME	CHAIT, ANITA	
STREET ADDRESS	255 ISLE WAY	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33418	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	KONZELMAN, ELANE	
STREET ADDRESS	2585 E. EDGEWATER DR	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410	
TITLE	ATD	<input type="checkbox"/> Delete
NAME	PALMISANO, JANE F	
STREET ADDRESS	84 MONTEREY POINTE DRIVE	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33418	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	CSD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CARVEY, MARJORIE	
STREET ADDRESS	419 US HIGHWAY ONE # 116F	
CITY-ST-ZIP	N.P.B. FL 33408	
TITLE	PED	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COOK, GEORGE	
STREET ADDRESS	117 LOST BRIDGE DR	
CITY-ST-ZIP	PBG FL 33410	
TITLE	RSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 _____ with all other like empowered.

SIGNATURE: *George R. Cook* **4/27/02 561-630-3648**



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)