

DOCUMENT # 742020



FILED
May 07, 2004 8:00 am
Secretary of State

05-07-2004 90117 029 ****61.25

1. Entity Name
E-PALM BEACH GARDENS MEDICAL CENTER AUXILIARY INC.

2. Principal Place of Business
**300 BURNS ROAD
PALM BEACH GARDENS FL 33410**

3. Mailing Address
**300 BURNS ROAD
PALM BEACH GARDENS FL 33410
US**

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

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

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name: **JANE F. PALMSANO**

Street Address (P.O. Box Number is Not Acceptable): **84 MONTEREY POINTE DRIVE
PALM BEACH GARDENS, FL 33418**

City: **FL** Zip Code: **33418**

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. I am familiar with, and accept the obligation of the agent.

NATURE: **Jane F. Palmsano, Treasurer, Director** **4/30/04**

FILE NOW FEES IS \$41.25

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

9. Name Change Payable to Florida Department of State

OFFICERS AND DIRECTORS		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN US	
<p>VP <input type="checkbox"/> PEB <input checked="" type="checkbox"/> Delia</p> <p>ACTION, MARGARET</p> <p>38 ST. GEORGE PL PALM BEACH GARDENS FL 33410</p>	<p>ATO <input checked="" type="checkbox"/> Change</p> <p>ENASTROM, KARL APT 205</p> <p>320 BEACH ROAD TRUSTEIA FL 33468</p>		
<p>CSD <input checked="" type="checkbox"/> Delia</p> <p>CARVEY, MARJORIE</p> <p>418 US HWY ONE # 116F NORTH PALM BEACH FL 33408</p>	<p>ATO <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</p> <p>BARNES, WAG</p> <p>724 TEAL WAY NORTH PALM BEACH FL 33408</p>		
<p>PEB <input type="checkbox"/> Delia</p> <p>CLARK, P</p> <p>228 EAGLETON LAKES BLVD PALM BEACH GARDENS FL 33418</p>	<p>RSD <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</p> <p>ENGELSHER, SANDI</p> <p>124 EAGLETON LANE PALM BEACH GARDENS FL 33418</p>		
<p>PD <input checked="" type="checkbox"/> Delia</p> <p>CHAT, ANITA</p> <p>255 ISLE WAY PALM BEACH GARDENS FL 33418</p>	<p>CSD <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</p> <p>DOMBROWSKI, MARY</p> <p>486 CARLETON DRIVE PALM BEACH GARDENS FL 33410</p>		
<p>TD <input checked="" type="checkbox"/> Delia</p> <p>COOK, GEORGE</p> <p>117 LOST BRIDGE DR PALM BEACH GARDENS FL 33410</p>	<p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p>		
<p>BSD <input checked="" type="checkbox"/> Delia</p> <p>PALMSANO, JANE F</p> <p>84 MONTEREY POINTE DRIVE PALM BEACH GARDENS FL 33418</p>	<p><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</p>		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.073(1), 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 of this filing.

SIGNATURE: **JANE F. PALMSANO, TREAS.** **Jane F. Palmsano** **4/30/04** **561-630-0299**