

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 02, 2005 8:00 am
Secretary of State

02-02-2005 90042 050 ****61.25

DOCUMENT # 742020
 1. Entity Name
THE PALM BEACH GARDENS MEDICAL CENTER AUXILIARY, INC.



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

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

1st MOORE CR2E037 (10/04)

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
PALMISANO, JANE F
84 MONTEREY POINTE DRIVE
PALM BEACH GARDENS FL 33418

7. Name and Address of New Registered Agent
 Name **ENGSTROM, KARL W**
 Street Address (P.O. Box Number is Not Acceptable)
300 BEACH ROAD
205
 City **TEQUESTA** FL Zip Code **33469**

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. I am familiar with, and accept the obligations of registered agent
 SIGNATURE *Karl W. Engstrom* **TREASURER** **1/27/05**
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
Due By May 1, 2005

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME	PED ACTION, MARGARET	<input type="checkbox"/> Delete
STREET ADDRESS	5675 WHIRLWAY ROAD	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33418	
TITLE NAME	VD ENGSTROM, KARL	<input type="checkbox"/> Delete
STREET ADDRESS	300 BEACH ROAD APT 205	
CITY-ST-ZIP	TEQUESTA FL 33469	
TITLE NAME	PD CLARK, P	<input type="checkbox"/> Delete
STREET ADDRESS	229 EAGLETON LAKES BLVD	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33418	
TITLE NAME	ATD BARNES, KAY	<input type="checkbox"/> Delete
STREET ADDRESS	724 TEAL WAY	
CITY-ST-ZIP	NORTH PALM BEACH FL 33408	
TITLE NAME	RSD ENGELSHER, SANDI	<input type="checkbox"/> Delete
STREET ADDRESS	124 EAGLETON LANE	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33418	
TITLE NAME	TD PALMISANO, JANE F	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	84 MONTEREY POINTE DRIVE	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33418	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	RECORDING SECRETARY MARGORIE CARVEY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	419 US HWY ONE APT 116	
CITY-ST-ZIP	NORTH PALM BEACH, FL 33408	

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: *Karl W. Engstrom* **KARL W. ENGSTROM** **1/27/05** **(561) 694-7117**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #