

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 742020

FILED
Jan 08, 2009
Secretary of State

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

Current Principal Place of Business:

3360 BURNS ROAD
PALM BEACH GARDENS, FL 33410 US

New Principal Place of Business:

Current Mailing Address:

3360 BURNS ROAD
PALM BEACH GARDENS, FL 33410 US

New Mailing Address:

FEI Number: 59-1791451 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ENGSTROM, KARL W
300 BEACH ROAD
#205
TEQUESTA, FL 33469 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ACTION, MARGARET
Address: 107 SEDONA WAY
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: PED () Delete
Name: ENGSTROM, KARL
Address: 300 BEACH ROAD APT 205
City-St-Zip: TEQUESTA, FL 33469

Title: TD () Delete
Name: CARVER, JEAN
Address: 8515 DOVERBROOK DRIVE
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: ATD () Delete
Name: LOWRY, DEBRA
Address: 700 DEL LAGO CIR SUITE 202
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: VD () Delete
Name: COOK, GEORGE
Address: 117 LOST BRIDGE DRIVE
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: RSD () Delete
Name: WOWAK, CAROL
Address: 8815 OLDHAM WAY
City-St-Zip: WEST PALM BEACH, FL 33412

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CAROL WOWAK

Electronic Signature of Signing Officer or Director

RSD

01/08/2009

_____ Date