## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N00000007847

FILED May 01, 2008 Secretary of State

Entity Name: PRIME TIME PALM BEACH COUNTY, INC.

Current P	rincipal Place of Business:	New Prince	cipal Place of Business:
3111 S DIXIE HWY SUITE 247 WEST PALM BEACH, FL 33405		2300 HIGH RIDGE ROAD, SUITE 330 BOYNTON BEACH, FL 33426	
Current Mailing Address:		New Mailing Address:	
3111 S DIXIE HWY SUITE 247 WEST PALM BEACH, FL 33405		2300 HIGH RIDGE ROAD, SUITE 330 BOYNTON BEACH, FL 33426	
In accordan	: 65-1071628 FEI Number Applied For() FEI N ice with s. 607.193(2)(b), F.S., the corporation did not receive I Address of Current Registered Agent:		
HARVEY, SUZETTE DMD 3111 S DIXIE HWY SUITE 247 WEST PALM BEACH, FL 33405 US The above named entity submits this statement for the purpose in the State of Florida.		HARVEY, SUZETTE DMD 2300 HIGH RIDGE ROAD SUITE 330 BOYNTON BEACH, FL 33426 US	
			05/01/2008
SIGNATUI	Electronic Signature of Registered Agent		
OFFICERS AND DIRECTORS:		ADDITION	NS/CHANGES TO OFFICERS AND DIRECTORS
Title: Name: Address: City-St-Zip:	DVC () Delete SERRANO, ELIVIO 2600 QUANTUM BLVD BOYNTON BEACH, FL 33426	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	S ( ) Delete ADLER, ALISON 1790 N.W. SPANISH RIVER BOULEVARD BOCA RATON, FL 33431	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	DT () Delete NICHOLES, NATE 1919 NORTH FLAGLER WEST PALM BEACH, FL 33407	Title: Name: Address: City-St-Zip:	DT (X) Change ( ) Addition NICHOLES, NATE 2300 HIGH RIDGE ROAD BOYNTON BEACH, FL 33426
Title: Name: Address: City-St-Zip:	DMD () Delete HARVEY, SUZETTE E. DIR. 3111 S DIXIE HWY, STE 247 WEST PALM BEACH, FL 33405	Title: Name: Address: City-St-Zip:	DMD (X) Change ( ) Addition HARVEY, SUZETTE E. DIR. 2300 HIGH RIDGE ROAD, BOYNTON BEACH, FL 33426
Title: Name: Address: City-St-Zip:	D () Delete LEVINE, MIKE 211 BARBADOS DRIVE JUPITER, FL 33458	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition
	DC ( ) Delete	Title: Name:	() Change () Addition

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: SUZETTE HARVEY DMD 05/01/2008