

2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED
Dec 02, 2008
Secretary of State**

DOCUMENT# N00000007847

Entity Name: PRIME TIME PALM BEACH COUNTY, INC.

Current Principal Place of Business:2300 HIGH RIDGE ROAD,
SUITE 330
BOYNTON BEACH, FL 33426**New Principal Place of Business:****Current Mailing Address:**2300 HIGH RIDGE ROAD,
SUITE 330
BOYNTON BEACH, FL 33426**New Mailing Address:**

FEI Number: 65-1071628

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:HARVEY, SUZETTE DMD
2300 HIGH RIDGE ROAD
SUITE 330
BOYNTON BEACH, FL 33426 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: DVC () Delete
Name: SERRANO, ELIVIO
Address: 2600 QUANTUM BLVD
City-St-Zip: BOYNTON BEACH, FL 33426Title: S () Delete
Name: ADLER, ALISON
Address: 1790 N.W. SPANISH RIVER BOULEVARD
City-St-Zip: BOCA RATON, FL 33431Title: DT () Delete
Name: NICHOLAS, NATE
Address: 2300 HIGH RIDGE ROAD
City-St-Zip: BOYNTON BEACH, FL 33426Title: DMD () Delete
Name: HARVEY, SUZETTE E. DIR.
Address: 2300 HIGH RIDGE ROAD,
City-St-Zip: BOYNTON BEACH, FL 33426Title: D () Delete
Name: LEVINE, MIKE
Address: 211 BARBADOS DRIVE
City-St-Zip: JUPITER, FL 33458Title: DC () Delete
Name: MCCOLSKEY, ERIN
Address: 4200 CONGRESS AVENUE
City-St-Zip: WEST PALM BEACH, FL 33461**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: DT (X) Change () Addition
Name: ELDRIDGE, WARREN
Address: 2300 HIGH RIDGE ROAD
City-St-Zip: BOYNTON BEACH, FL 33426Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: D (X) Change () Addition
Name: SILBER, ILENE
Address: 236 WORTH COURT SOUTH
City-St-Zip: WEST PALM BEACH, FL 33405Title: () 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: SUZETTE HARVEY

DMD

12/02/2008

Electronic Signature of Signing Officer or Director_____
Date