

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000007847

FILED
Apr 29, 2010
Secretary of State

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 (X)**

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: DT
Name: NICHOLS, NATE
Address: 2300 HIGH RIDGE ROAD
City-St-Zip: BOYNTON BEACH, FL 33426

Title: S
Name: ADLER, ALISON
Address: 1790 N.W. SPANISH RIVER BOULEVARD
City-St-Zip: BOCA RATON, FL 33431

Title: DC
Name: ELDRIDGE, WARREN
Address: 2300 HIGH RIDGE ROAD
City-St-Zip: BOYNTON BEACH, FL 33426

Title: DMD
Name: HARVEY, SUZETTE E. DIR.
Address: 2300 HIGH RIDGE ROAD,
City-St-Zip: BOYNTON BEACH, FL 33426

Title: D
Name: BROSSELL, JEANNE
Address: 2300 HIGH RIDGE ROAD
City-St-Zip: BOYNTON BEACH, FL 33426

Title: DVC
Name: MCCOLSKEY, ERIN
Address: 4200 CONGRESS AVENUE
City-St-Zip: WEST PALM BEACH, FL 33461

I hereby 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 all other like empowered.

SIGNATURE: SUZETTE HARVEY

DMD

04/29/2010

_____ Electronic Signature of Signing Officer or Director

_____ Date