

**2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Feb 07, 2012  
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 (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: VC  
Name: SHABAZZ-PHILLIPS, UPENDO  
Address: 2101 VISTA PARKWAY  
City-St-Zip: WEST PALM BEACH, FL 33410

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: S  
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 L. HARVEY

DMD

02/07/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date