2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000001094

FILED Jan 09, 2009 Secretary of State

Entity Name: NICKLAUS CHILDREN'S HEALTH CARE FOUNDATION, INC.

Current Principal Place of Business: New Principal Place of Business: 927 45TH STREET 11770 US HWY ONE SUITE 206 SUITE 303 WEST PALM BEACH, FL 33407 NORTH PALM BEACH, FL 33408 **Current Mailing Address: New Mailing Address:** 927 45TH STREET 11770 US HWY ONE SUITE 206 SUITE 303 WEST PALM BEACH, FL 33407 NORTH PALM BEACH, FL 33408 FEI Number: 57-1154352 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MCDONALD, PATRICIA MCDONALD, PATRICIA **NCHCF** 11770 US HWY ONE 927 45TH STREET, SUITE 206 SUITE 303 WEST PALM BEACH, FL 33407 US NORTH PALM BEACH, FL 33408 US 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: 01/09/2009 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition NICKLAUS, BARBARA Name: Name: 11780 US HWY ONE, STE 500 Address: Address: City-St-Zip: NORTH PALM BEACH, FL 33408 City-St-Zip: Title: () Delete Title: () Change () Addition NICKLAUS, JACK W Name: Name: Address: 11780 US HWY ONE, STE 500 Address: City-St-Zip: NORTH PALM BEACH, FL 33408 City-St-Zip: Title: DT () Delete Title: () Change () Addition BREMER, PAUL C Name: Name: Address: 176 SATINWOOD LANE Address: City-St-Zip: PALM BEACH GARDENS, FL 33410 City-St-Zip: (X) Change () Addition Title: D Title: DP () Delete Name: BEATY, KEITH Name: MCDONALD, PATRICIA 395 CARIBBEAN ROAD 11770 US HWY ONE, STE 303 Address: Address: City-St-Zip: NORTH PALM BEACH, FL 33408 City-St-Zip: NORTH PALM BEACH, FL 33408 Title: () Delete Title: (X) Change () Addition O'LEARY, NAN VOGELSANG, STEPHEN Name: Name: 777 SOUTH FLAGLER DRIVE, STE 500 EAST 11780 US HWY, ONE STE 500 Address: Address: City-St-Zip: NORTH PALM BEACH, FL 33408 City-St-Zip: WEST PALM BEACH, FL 33401 Title: () Delete Title: (X) Change () Addition CORBETT, JEANNETTE CORBETT, JEANNETTE Name: Name: Address: 505 SOUTH FLAGLER DRIVE, STE 220 Address: 11770 US HWY ONE, STE 303 WEST PALM BEACH, FL 33401 City-St-Zip: NORTH PALM BEACH, FL 33408 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: PATRICIA MCDONALD P 01/09/2009