

FILE NOW: FILING FEE IS \$61.25

FILED

Jan 21 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N93000005349 (6)
1. Corporation Name
THE PALM BEACH CENTER FOR LIVING, INC.



Principal Place of Business: 321 NORTHLAKE BLVD, STE 103-105, N. PALM BEACH FL 33408, US
Mailing Address: 321 N LAKE BLVD, STE 103-105, N. PALM BEACH FL 33408, US

3. Date Incorporated or Qualified: 11/19/1993
3a. Date of Last Report: 01/25/1996
4. FEI Number: 65-0451002
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30

9. Name and Address of Current Registered Agent
MCGINNIS, CHARLOTTE
378-1 PRESTWICK CR.
PALM BEACH GARDENS FL 33418

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS	
TITLE	DC <input type="checkbox"/> DELETE
NAME	MCGINNIS, CHARLOTTE
STREET ADDRESS	378-1 PRESTWICK CR.
CITY-ST-ZIP	PALM BEACH GARDENS FL
TITLE	D <input type="checkbox"/> DELETE
NAME	PARSONS, JOSEPH
STREET ADDRESS	6093 OLD CT RD, SE 241
CITY-ST-ZIP	BOCA RATON FL
TITLE	D <input type="checkbox"/> DELETE
NAME	LARKIE, JO
STREET ADDRESS	215 MONCEAUX RD
CITY-ST-ZIP	W PALM BCH FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Thomas Bills
1.3 STREET ADDRESS	321 Northlake Blvd
1.4 CITY-ST-ZIP	North Palm Beach, FL. 33408
2.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Mary Percival
2.3 STREET ADDRESS	102 Lakeshore Dr
2.4 CITY-ST-ZIP	North Palm Beach, FL. 33408
3.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Marc Weinberg DL
3.3 STREET ADDRESS	421 Northlake Blvd
3.4 CITY-ST-ZIP	North Palm Beach, FL. 33408
4.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Dr Val Wynne
4.3 STREET ADDRESS	1121 North Lakeside Dr
4.4 CITY-ST-ZIP	Lake Worth, FL. 33460
5.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Nancy Wynne
5.3 STREET ADDRESS	12775 Newton Pl.
5.4 CITY-ST-ZIP	West Palm Beach, FL. 33414
6.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Marilyn Camacho
6.3 STREET ADDRESS	4th Coconut Row
6.4 CITY-ST-ZIP	Palm Beach, FL. 33480

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Charlotte McGinnis* Charlotte McGinnis Date: 1-8-96 Daytime Phone #: 561-845-8441

CP2E037 (9/96)