

FILE NOW: FILING FEE IS \$61.25

FILED
May 06 1997 8:00am
Secretary of State

NONPROFIT CORPORATION. ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N94000004318 (1)
1. Corporation Name

PALM BEACH SERVICECO, INC.

Principal Place of Business Mailing Address

3. Date of Qualification 09/01/1994 3a. Date of Last Report 1996

4. FEI Number 65-0598821 Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$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 1309 N. Flagler Drive
Suite, Apt. #, etc.

2a. Mailing Address
26 1309 N. Flagler Drive
Suite, Apt. #, etc.

22 City & State
23 West Palm Beach, FL

27 City & State
28 West Palm Beach, FL

24 Zip 33401

25 Country Palm Beach

29 Zip 33401

30 Country Palm Beach

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name Valerie G. Larcombe
82 Street Address (P.O. Box Number is Not Acceptable) 1309 N. Flagler Drive
83
84 City West Palm Beach FL 85 Zip Code 33401

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 of 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 *[Signature]*
Signature, typed or printed name of registered agent, and title if applicable

(NOTE: Registered Agent signature required when reinstating)

4-30-97
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<input checked="" type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	Phillip C. Dutcher	
13 STREET ADDRESS	1309 N. Flagler Drive	
14 CITY-ST-ZIP	West Palm Beach, FL 33401	
2.1 TITLE	CD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Marvin Schur	
2.3 STREET ADDRESS	1309 N. Flagler Drive	
2.4 CITY-ST-ZIP	West Palm Beach, FL 33401	
3.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	John Pauly, M.D.	
3.3 STREET ADDRESS	1309 N. Flagler Drive	
3.4 CITY-ST-ZIP	West Palm Beach, FL 33401	
4.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Valerie G. Larcombe	
4.3 STREET ADDRESS	1309 N. Flagler Drive	
4.4 CITY-ST-ZIP	West Palm Beach, FL 33401	
5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Donald Warren, M.D.	
5.3 STREET ADDRESS	1309 N. Flagler Drive	
5.4 CITY-ST-ZIP	West Palm Beach, FL 33401	
6.1 TITLE	ID	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Frank Nask	
6.3 STREET ADDRESS	1309 N. Flagler Drive	
6.4 CITY-ST-ZIP	West Palm Beach, FL 33401	

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: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-97 5616506223

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