2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006
Secretary of State

DOCUMENT# N95000005622

Entity Name: JFK MEDICAL CENTER FOUNDATION, INC.

Current Principal Place of Business:

C/O 5301 S. CONGRESS AVENUE
ATLANTIS, FL 33462 US

New Principal Place of Business:

Current Mailing Address:

C/O 5301 S. CONGRESS AVENUE
ATLANTIS, FL 33462 US

New Mailing Address:

FEI Number: 65-0649377 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

CHRISTOPHER, MADELYN
5301 SOUTH CONGRESS AVENUE
ATLANTIS, FL 33462 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:	PD	( ) Delete
Name:	SPURLOCK, DANIEL	
Address:	132 MARINE WAY	
City-St-Zip:	DELRAY BEACH, FL 33483	
Title:	VPD	( ) Delete
Name:	TUPPEN, MARILYN	
Address:	100 WINDSOR COURT	
City-St-Zip:	ATLANTIS, FL 33462	
Title:	D	( ) Delete
Name:	HARBISON, RON	
Address:	545 S. COUNTRY CLUB DR	
City-St-Zip:	ATLANTIS, FL 33462	
Title:	D	( ) Delete
Name:	HOGAN, NANCY	
Address:	434 GLENBROOK DR	
City-St-Zip:	ALTANTIS, FL 33462	
Title:	TD	( ) Delete
Name:	HOLYFIELD, JAMES .	
Address:	537 SO. COUNTRY CLUB DR.	
City-St-Zip:	ATLANTIS, FL 33462	
Title:	RA	( ) Delete
Name:	CHRISTOPHER, MADELYN	
Address:	5301 SOUTH CONGRESS AVE.	
City-St-Zip:	ATLANTIS, FL 33462	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the 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: MADELYN CHRISTOPHER SD 05/01/2006

Electronic Signature of Signing Officer or Director — Date