2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2006
Secretary of State

DOCUMENT# P05000071389

Entity Name: PALM BEACH FAMILY MEDICAL ASSOCIATES INC.

Current Principal Place of Business:

600 FLEMING AVE
GREENACRES, FL 33463

New Principal Place of Business:

4971 LE CHALET BLVD
STE 300
BOYNTON BEACH, FL 33436

Current Mailing Address:

600 FLEMING AVE
GREENACRES, FL 33463

New Mailing Address:

4971 LECHALET BLVD
STE 300
BOYNTON BEACH, FL 33436

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RATHBUN, KATHLEEN S D.O.
788 WHIPPOORWILL WAY
W PALM BCH, FL 33411 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: RATHBUN, KATHLEEN S D.O.
Address: 788 WHIPPOORWILL WAY
City-St-Zip: W PALM BCH, FL 33411

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KATHLEEN S. RATHBUN, D.O. PRES 04/08/2006
Electronic Signature of Signing Officer or Director Date