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FILED

Feb 07 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS**DOCUMENT # N94000004772 (9)**

1. Corporation Name

TRAUMA FOUNDATION OF THE PALM BEACHES, INC.

Principal Place of Business

Mailing Address

**324 DATURA STREET, SUITE 401
WEST PALM BEACH FL 33401****324 DATURA STREET, SUITE 401
WEST PALM BEACH FL 33401-5432**3. Date Incorporated or Qualified
09/26/19943a. Date of Last Report
02/08/1996

2. Principal Place of Business

2a. Mailing Address

21**26**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22**27**

City & State

City & State

23**28**

Zip

Country

Zip

Country

24**25****29****30**4. FEI Number
65-0541467

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**COLEMAN, IRA J ESO
% MCDERMOTT, WILL & EMERY
201 S. BISCAYNE BLVD., STE. 2200
MIAMI FL 33131****81** Name**82** Street Address (P.O. Box Number is Not Acceptable)**83****84** City**FL****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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	CD	<input type="checkbox"/> DELETE
NAME	PORTER, SCOTT L	
STREET ADDRESS	324 DATURA ST. #401	
CITY-ST-ZIP	WEST PALM BEACH FL 33401	
TITLE	VCD	<input type="checkbox"/> DELETE
NAME	OSTROW, HAROLD	
STREET ADDRESS	324 DATURA ST. #401	
CITY-ST-ZIP	WEST PALM BEACH FL 33401	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	MILLER, HARMA	
STREET ADDRESS	324 DATURA ST. #401	
CITY-ST-ZIP	WEST PALM BEACH FL 33401	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HEALY, EDWARD REP	
STREET ADDRESS	324 DATURA ST. #401	
CITY-ST-ZIP	WEST PALM BEACH FL 33401	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MALECKI, JEAN M DR.	
STREET ADDRESS	324 DATURA ST. #401	
CITY-ST-ZIP	WEST PALM BEACH FL 33401	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CANO, MARTA	
STREET ADDRESS	324 DATURA ST. #401	
CITY-ST-ZIP	WEST PALM BEACH FL 33401	

1.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Kenneth N. Schenck	
1.3 STREET ADDRESS	324 Datura St. #401	
1.4 CITY-ST-ZIP	West Palm Beach, FL 33401	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Iris Tanner	
2.3 STREET ADDRESS	324 Datura St. #401	
2.4 CITY-ST-ZIP	West Palm Beach, FL 33401	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Scott L. Porter

Date

1/7/97 (561) 832-9292

Daytime Phone # 0038013

CR2E037 (9/96)