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**Mar 02, 1999 8:00 am**  
**Secretary of State**

03-02-1999 90084 046 \*\*\*\*61.25

0040030

NONPROFIT  
 CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # N94000004772**

1. Corporation Name

**TRAUMA FOUNDATION OF THE PALM BEACHES, INC.**

Principal Place of Business  
**324 DATURA STREET, SUITE 401**  
**WEST PALM BEACH FL 33401**

Mailing Address  
**324 DATURA STREET, SUITE 401**  
**WEST PALM BEACH FL 33401**



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

**09/26/1994**

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number  
**65-0541467**

Applied For  
 Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

23 Zip Country

28 Zip Country

6. Election Campaign Financing  
 Trust Fund Contribution ☐

**\$5.00** May Be  
 Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**COLEMAN, IRA J ESQ**  
**% 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

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☐ DELETE  
 NAME **PORTER, SCOTT L**  
 STREET ADDRESS **324 DATURA ST. #401**  
 CITY-ST-ZIP **WEST PALM BEACH FL 33401**

1.1 TITLE ☐ Change ☒ Addition  
 1.2 NAME **I. Jeffrey Pheterson**  
 1.3 STREET ADDRESS **400 S. Dixie Hwy. #420**  
 1.4 CITY-ST-ZIP **Boca Raton, FL 33432**

TITLE **D** ☐ DELETE  
 NAME **OSTROW, HAROLD**  
 STREET ADDRESS **324 DATURA ST. #401**  
 CITY-ST-ZIP **WEST PALM BEACH FL 33401**

2.1 TITLE ☐ Change ☐ Addition  
 2.2 NAME  
 2.3 STREET ADDRESS  
 2.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE  
 NAME **SCHENCK, KENNETH N**  
 STREET ADDRESS **324 DATURA ST #401**  
 CITY-ST-ZIP **W PALM BEACH FL**

3.1 TITLE ☐ Change ☐ Addition  
 3.2 NAME  
 3.3 STREET ADDRESS  
 3.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE  
 NAME **HEALY, EDWARD REP**  
 STREET ADDRESS **324 DATURA ST. #401**  
 CITY-ST-ZIP **WEST PALM BEACH FL 33401**

4.1 TITLE ☐ Change ☐ Addition  
 4.2 NAME  
 4.3 STREET ADDRESS  
 4.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE  
 NAME **MALECKI, JEAN M DR.**  
 STREET ADDRESS **324 DATURA ST. #401**  
 CITY-ST-ZIP **WEST PALM BEACH FL 33401**

5.1 TITLE ☐ Change ☐ Addition  
 5.2 NAME  
 5.3 STREET ADDRESS  
 5.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE  
 NAME **ANDERSON, ARTHUR P**  
 STREET ADDRESS **6117 OLD COURT RD, #326**  
 CITY-ST-ZIP **BOCA RATON FL 33434**

6.1 TITLE ☐ Change ☐ Addition  
 6.2 NAME  
 6.3 STREET ADDRESS  
 6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE:

**Harold Ostrow**

**Harold Ostrow**

1/13/99 (561) 659-1270

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)