


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2004 8:00 am
Secretary of State

04-23-2004 90227 044 ****61.25

DOCUMENT # N94000004772					
1. Entity 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			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		03312004 Chg-NP CR2E037 (10/03)	
4. FEI Number 65-0541467				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
RON KLEIN % SACHS, SAX & KLEIN, PA 301 YAMATO ROAD SUITE 4150 BOCA RATON, FL 33431			Name Street Address (P.O. Box Number is Not Acceptable) City		
FL			Zip Code		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE D	NAME GREER, EFFIE		TITLE D.	NAME FAGG, ELIZABETH	
STREET ADDRESS 324 DATURAST #401	CITY-ST-ZIP WEST PALM BEACH, FL 33401		STREET ADDRESS 324 DATURA ST - #401	CITY-ST-ZIP WEST PALM BEACH, FL 33401	
TITLE D	NAME NIKOLITS, GARY R		TITLE CEO	NAME CHENETTE DWIGHT	
STREET ADDRESS 3162 EL CAMINO REAL	CITY-ST-ZIP WEST PALM BEACH, FL 33409		STREET ADDRESS 324 DATURA ST - #401	CITY-ST-ZIP WEST PALM BEACH, FL 33401	
TITLE D	NAME SCHATZ, RANDEE		TITLE D	NAME MALECKI, JEAN M DR.	
STREET ADDRESS 324 DATURA ST #401	CITY-ST-ZIP WEST PALM BEACH, FL 33401		STREET ADDRESS 324 DATURA ST. #401	CITY-ST-ZIP WEST PALM BEACH, FL 33401	
TITLE D	NAME GOODLETT, DAVID		TITLE D	NAME PIERCE, STANLEY	
STREET ADDRESS 330 CLEMATIS STREET # 207	CITY-ST-ZIP WEST PALM BEACH, FL 33401		STREET ADDRESS 7412 MANDARIN DRIVE	CITY-ST-ZIP BOCA RATON, FL 33433	
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>[Signature]</i>			04/13/04 561 6541270		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		