

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 06, 2006 8:00 am
Secretary of State

09-06-2006 90042 001 ****61.25

DOCUMENT # N94000004772					
1. Entity Name GLADES HEALTHCARE FOUNDATION, 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	4. FEI Number 65-0541467	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent RON KLEIN % SACHS, SAX & KLEIN, PA 301 YAMATO ROAD SUITE 4150 BOCA RATON, FL 33431				7. Name and Address of New Registered Agent Name: <u>Ron Wiewora, MD</u> Street Address (P.O. Box Number is Not Acceptable): <u>Glades General Hospital</u> <u>1201 South Main Street</u> City: <u>Belle Glade</u> FL Zip Code: <u>33430</u>	
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: <u>R. J. Wiewora, MD</u> DATE: <u>8/21/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GREER, EFFIE 324 DATURAST #401 WEST PALM BEACH, FL 33401	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LACY, JOHN S. 324 DATURA STREET - #401 WEST PALM BEACH, FL 33401	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO CHENETTE, DWIGHT 324 DATURA ST # 401 WEST PALM BEACH, FL 33401	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HATTON, ROGER 324 DATURA STREET - #401 WEST PALM BEACH, FL 33401	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHATZ, RANDEE 324 DATURA ST #401 WEST PALM BEACH, FL 33401	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALTMAN, TOMMY 324 DATURA STREET - #401 WEST PALM BEACH, FL 33401	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOODLETT, DAVID 330 CLEMATIS STREET # 207 WEST PALM BEACH, FL 33401	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRANCH, HUGIT 324 DATURA STREET - #401 WEST PALM BEACH, FL 33401	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MALECKI, JEAN M DR. 324 DATURA ST. #401 WEST PALM BEACH, FL 33401	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PIERCE, STANLEY 7412 MANDARIN DRIVE BOCA RATON, FL 33433	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report of 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: <u>David Goodlett</u> DATE: <u>8/25/06</u> DAYTIME PHONE: <u>561/654-1270</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

40103372



07052006 Chg-NP CR2E037 (4/06)

ATTACHMENT



HEALTHCARE DISTRICT
OF PALM BEACH COUNTY

324 Datura Street, Suite 401 • West Palm Beach, FL 33401
(561) 659-1270 • Fax: (561) 659-1628 • Fax: (561) 659-4620

Steven L. Fowler
Compliance Officer

Florida Department of State
P.O. Box 1500
Tallahassee, FL 32302-1500

40103372
#N9400000472

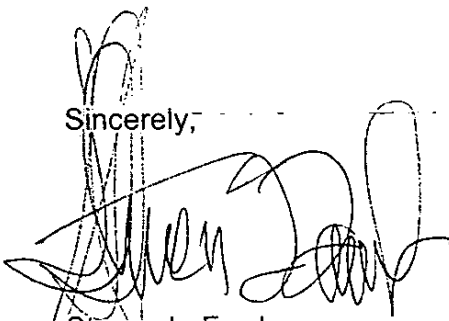
August 25, 2006

Dear Sir or Madam:

Attached please find the 2006 Not-for-Profit Corporation Annual Report for the Trauma Foundation of the Palm Beaches, Inc. (document N940000072). As of July 2006, the name of the corporation has been changed to Glades Healthcare Foundation, Inc. and there has been a change in the corporation's registered agent.

Please let me know if you have any questions you have.

Sincerely,



Steven L. Fowler

Encl.