

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 742020

**FILED**  
**Jan 10, 2015**  
**Secretary of State**  
**CC6626471918**

**Entity Name:** THE PALM BEACH GARDENS MEDICAL CENTER AUXILIARY, INC.

**Current Principal Place of Business:**

3360 BURNS ROAD  
PALM BEACH GARDENS, FL 33410

**Current Mailing Address:**

3360 BURNS ROAD  
PALM BEACH GARDENS, FL 33410 US

**FEI Number: 59-1791451**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

CARVER, JEAN R  
3360 BURNS ROAD  
PALM BEACH GARDENS, FL 33410 US

*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

**Officer/Director Detail :**

Title PD  
Name QUIRK, BARBARA  
Address 151 GREEN POINTE CIRCLE  
City-State-Zip: PALM BEACH GARDENS FL 33418

Title VP  
Name PARKS, EDITH  
Address 2004 VISION DRIVE  
City-State-Zip: PALM BEACH GARDENS FL 33418

Title TD  
Name CARVER, JEAN  
Address 8515 DOVERBROOK DRIVE  
City-State-Zip: PALM BEACH GARDENS FL 33410

Title RSD  
Name ACTON, MARGARET  
Address 107 SEDONA WAY  
City-State-Zip: PALM BEACH GARDENS FL 33418

*I hereby 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: JEAN CARVER**

**AGENT**

**01/10/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date