

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 742020

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

FILED
Jan 07, 2013
Secretary of State
CC6232944182

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 BERTOLINI, ANGE
Address 120 LEHANE TERRACE #101
City-State-Zip: NORTH PALM BEACH FL 33408

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 ATD
Name BARNES, KAY
Address 724 TEAL WAY
City-State-Zip: NORTH PALM BEACH FL 33408

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 R. CARVER

TREASURER

01/07/2013

Electronic Signature of Signing Officer/Director Detail

Date