## 2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 742020** 

Entity Name: THE PALM BEACH GARDENS MEDICAL CENTER AUXILIARY,

INC.

FILED
Jan 22, 2016
Secretary of State
CC9428783678

## **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 Title VP

Name STEIN, RONNIE Name PARKS, EDITH

Address 88 CAYMAN PLACE Address 2004 VISION DRIVE

City-State-Zip: PALM BEACH GARDENS FL 33418 City-State-Zip: PALM BEACH GARDENS FL 33418

Title TD Title RSD

Name CARVER, JEAN Name QUIRK, BARBARA

Address 8515 DOVERBROOK DRIVE Address 151 GREEN POINTE CIRCLE

City-State-Zip: PALM BEACH GARDENS FL 33410 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

**TREASURER** 

01/22/2016