

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N00000007847

**Entity Name:** PRIME TIME PALM BEACH COUNTY, INC.

**Current Principal Place of Business:**

2300 HIGH RIDGE ROAD,  
SUITE 330  
BOYNTON BEACH, FL 33426

**Current Mailing Address:**

2300 HIGH RIDGE ROAD,  
SUITE 330  
BOYNTON BEACH, FL 33426

**FEI Number: 65-1071628**

**Certificate of Status Desired: Yes**

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

HARVEY, SUZETTE DMD  
2300 HIGH RIDGE ROAD  
SUITE 330  
BOYNTON BEACH, FL 33426 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 DT  
Name NICHOLS, NATE  
Address 2300 HIGH RIDGE ROAD  
City-State-Zip: BOYNTON BEACH FL 33426

Title DC  
Name SHABAZZ-PHILLIPS, UPENDO  
Address 2101 VISTA PARKWAY  
City-State-Zip: WEST PALM BEACH FL 33410

Title VC  
Name ADLER, ALISON  
Address 1790 N.W. SPANISH RIVER  
BOULEVARD  
City-State-Zip: BOCA RATON FL 33431

Title DMD  
Name HARVEY, SUZETTE E. DIR.  
Address 2300 HIGH RIDGE ROAD,  
City-State-Zip: BOYNTON BEACH FL 33426

Title S  
Name MCCOLSKEY, ERIN  
Address 4200 CONGRESS AVENUE  
City-State-Zip: WEST PALM BEACH FL 33461

*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: SUZETTE L. HARVEY**

**EXECUTIVE DIRECTOR**

**02/14/2013**

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

\_\_\_\_\_  
Date