DOCUMENT# N03000001094 Entity Name: NICKLAUS CHILDREN'S HEALTH CARE FOUNDATION, INC.

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

Current Principal Place of Business:

11770 US HWY ONE SUITE 308 NORTH PALM BEACH, FL 33408

Current Mailing Address:

11770 US HWY ONE SUITE 308 NORTH PALM BEACH, FL 33408 US

FEI Number: 57-1154352

Name and Address of Current Registered Agent:

MCDONALD, PATRICIA 11770 US HWY ONE SUITE 308 NORTH PALM BEACH, FL 33408 US

Certificate of Status Desired: Yes

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

Officer/Director Detail :

Unicen/Direc	Oncerval ector Detail :					
Title	DIRECTOR, CHAIRMAN	Title	DIRECTOR, CHAIRMAN			
Name	NICKLAUS, BARBARA	Name	NICKLAUS, JACK W			
Address	11780 US HWY ONE, STE 500	Address	11780 US HWY ONE, STE 500			
City-State-Zip:	NORTH PALM BEACH FL 33408	City-State-Zip:	NORTH PALM BEACH FL 33408			
Title	DIRECTOR, TREASURER	Title	PRESIDENT, CEO			
Name	BREMER, PAUL C	Name	MCDONALD, PATRICIA			
Address	176 SATINWOOD LANE	Address	11770 US HWY ONE SUITE 308			
City-State-Zip:	PALM BEACH GARDENS FL 33410	City-State-Zip:	NORTH PALM BEACH FL 33408			
Title	DIRECTOR, SECRETARY	Title	DIRECTOR, VC			
Name	VOGELSANG, STEPHEN	Name	CORBETT, JEANNETTE			
Address	777 SOUTH FLAGLER DRIVE, STE 500 EAST	Address	11770 US HWY ONE SUITE 308			
City-State-Zip:	WEST PALM BEACH FL 33401	City-State-Zip:				
Title	DIRECTOR	Title	DIRECTOR, VC			
Name	BEATY, KEITH	Name	BRACCI, MIKE			
Address	11770 US HWY ONE SUITE 308	Address	11770 US HWY ONE SUITE 308			
City-State-Zip:	NORTH PALM BEACH FL 33408	City-State-Zip:				

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PRESIDENT, CEO

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: PATRICIA MCDONALD

Electronic Signature of Signing Officer/Director Detail

FILED Jan 26, 2017 Secretary of State CC2955364553

01/26/2017 Date

Date

Officer/Director Detail Continued :

Title	DIRECTOR	Title	DIRECTOR
Name	DOUGLAS, RICHARD DR.	Name	ERDMANN, LISA
Address	11770 US HWY ONE SUITE 308	Address	11770 US HWY ONE SUITE 308
City-State-Zip:	NORTH PALM BEACH FL 33408	City-State-Zip:	NORTH PALM BEACH FL 33408
Title	DIRECTOR	Title	DIRECTOR
Name	GRAY, GORDON	Name	LUCKS, JACK
Address	11770 US HWY ONE SUITE 308	Address	11770 US HWY ONE SUITE 308
City-State-Zip:	NORTH PALM BEACH FL 33408	City-State-Zip:	NORTH PALM BEACH FL 33408
Title	DIRECTOR	Title	DIRECTOR
Name	MILSTEIN, HOWARD	Name	NICKLAUS, STEVE
Address	11770 US HWY ONE SUITE 308	Address	11770 US HWY ONE SUITE 308
City-State-Zip:	NORTH PALM BEACH FL 33408	City-State-Zip:	NORTH PALM BEACH FL 33408
Title	DIRECTOR	Title	DIRECTOR
Name	O'LEARY, NAN	Name	PASCUCCI, MICHAEL
Address	11770 US HWY ONE SUITE 308	Address	11770 US HWY ONE SUITE 308
City-State-Zip:	NORTH PALM BEACH FL 33408	City-State-Zip:	NORTH PALM BEACH FL 33408
Title	DIRECTOR		
Name	VIZZA, ROBERT DR.		
Address	11770 US HWY ONE SUITE 308		

City-State-Zip: NORTH PALM BEACH FL 33408