


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

**Feb 14, 2005 08:00 AM
Secretary of State**

DOCUMENT # 707879		
1. Entity Name PALM BEACH INSTITUTE FOR MEDICAL RESEARCH, INC.		

Principal Place of Business 1695 S. FLORIDA MANGO ROAD SUITE #5 WEST PALM BEACH FL 33406	Mailing Address P.O. BOX 17799 WEST PALM BEACH FL 33416
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1st MOORE CR2E037 (10/04)

6. Name and Address of Current Registered Agent ROBERTS, HYMAN J M.D. 6708 PAMELA LANE WEST PALM BEACH FL 33405	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE	DATE

FILE NOW: FEE IS \$61.25 Due By May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PSD ROBERTS, HYMAN J MD 6708 PAMELA LANE WEST PALM BEACH FL 33405 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 000000228792 02/14/05-80053-024 61.25
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DV KLEIN, PAUL DR 7510 PALM ROAD LAKE CLARKE SHORES FL 33406 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	SD REMBaum, JEFFREY ESQ 10259 HUNT CLUB LANE PALM BEACH GARDENS FL 33418 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Hyman J. Roberts M.D.* **HYMAN J. ROBERTS, M.D.** 2/5/05 (561) 388-7628