


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 24, 2007 08:00 AM
Secretary of State

DOCUMENT # 707879 1. Entity Name PALM BEACH INSTITUTE FOR MEDICAL RESEARCH, INC.	
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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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DO NOT WRITE IN THIS SPACE



01192007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-1085217	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

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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IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reappointing)
Signature, typed or printed name of registered agent and title if applicable DATE

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD ROBERTS, HYMAN J MD 6708 PAMELA LANE WEST PALM BEACH, FL 33405
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV KLEIN, PAUL DR 7510 PALM ROAD LAKE CLARKE SHORES, FL 33406
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD REMBBAUM, JEFFREY ESQ 10259 HUNT CLUB LANE PALM BEACH GARDENS, FL 33418
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/26/07-80019-005 61.25

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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. 1/24/2007 (561) 588-7628
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #