

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 707879

FILED
Apr 26, 2009
Secretary of State

Entity Name: PALM BEACH INSTITUTE FOR MEDICAL RESEARCH, INC.

Current Principal Place of Business:

1695 S. FLORIDA MANGO ROAD
SUITE #5
WEST PALM BEACH, FL 33406

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 17799
WEST PALM BEACH, FL 33416

New Mailing Address:

FEI Number: 59-1085217

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROBERTS, HYMAN J M.D.
6708 PAMELA LANE
WEST PALM BEACH, FL 33405 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: PSD () Delete
Name: ROBERTS, HYMAN J MD
Address: 6708 PAMELA LANE
City-St-Zip: WEST PALM BEACH, FL 33405

Title: DV () Delete
Name: KLEIN, PAUL DR
Address: 7510 PALM ROAD
City-St-Zip: LAKE CLARKE SHORES, FL 33406

Title: SD () Delete
Name: REMBAUM, JEFFREY ESQ
Address: 10259 HUNT CLUB LANE
City-St-Zip: PALM BEACH GARDENS, FL 33418

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: HYMAN J. ROBERS

DR.

04/26/2009

Electronic Signature of Signing Officer or Director

Date