

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 707879

**FILED**  
**Feb 18, 2011**  
**Secretary of State**

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

**Current Principal Place of Business:**

6708 PAMELA LANE  
WEST PALM BEACH, FL 33405

**New Principal Place of Business:**

**Current Mailing Address:**

6708 PAMELA LANE  
WEST PALM BEACH, FL 33405

**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  
Name: ROBERTS, HYMAN J MD  
Address: 6708 PAMELA LANE  
City-St-Zip: WEST PALM BEACH, FL 33405

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

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

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: HYMAN ROBERTS

PRES

02/18/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date