


**FILED**  
**May 07, 1999 8:00 am**  
**Secretary of State**

05-07-1999 90157 017 \*\*\*\*61.25

<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>				<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # 722225</b> 1. Corporation Name <b>PALM BEACH COUNTY MEDICAL SOCIETY AUXILIARY, INC</b>					
Principal Place of Business <b>3540 FOREST HILL BLVD.</b> <b>WEST PALM BEACH FL 33406</b>			Mailing Address <b>3540 FOREST HILL BLVD.</b> <b>WEST PALM BEACH FL 33406</b>		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		12/07/1971	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-6196407	
24 Country		29 Country		30 Country	
25		29		30	
5. Certificate of Status Desired				<input type="checkbox"/> \$8.75 Additional Fee Required <input type="checkbox"/> \$5.00 May Be Added to Fees	
6. Election Campaign Financing				<input type="checkbox"/> Trust Fund Contribution	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>WICKEN, JEAN</b> <b>3540 FOREST HILL BLVD.</b> <b>W. PALM BCH. FL 33406</b>				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				85 Zip Code			
				WEST PALM BEACH FL 33406			

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *[Signature]* (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	T	<input type="checkbox"/> DELETE		1.1 TITLE	Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LAGRANGE, JUDITH			1.2 NAME			
STREET ADDRESS	103 LEXINGTON DRIVE			1.3 STREET ADDRESS			
CITY-ST-ZIP	ROYAL PALM BEACH FL			1.4 CITY-ST-ZIP			
TITLE	V	<input type="checkbox"/> DELETE		2.1 TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LEWENTAL, LILA			2.2 NAME			
STREET ADDRESS	971 CYPRESS DRIVE			2.3 STREET ADDRESS			
CITY-ST-ZIP	DELRAY BEACH FL			2.4 CITY-ST-ZIP			
TITLE	V	<input type="checkbox"/> DELETE		3.1 TITLE	President-Elect	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	XAVIER, ROSEMARY			3.2 NAME			
STREET ADDRESS	748 LAKESIDE DRIVE			3.3 STREET ADDRESS			
CITY-ST-ZIP	NORTH PALM BEACH FL 33408			3.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MCCORMICK, LAURA			4.2 NAME			
STREET ADDRESS	744 SEA SAGE DRIVE			4.3 STREET ADDRESS			
CITY-ST-ZIP	DELRAY BEACH FL 33483			4.4 CITY-ST-ZIP			
TITLE	P	<input type="checkbox"/> DELETE		5.1 TITLE	<del>Secretary</del>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	VINAS, THERESA			5.2 NAME	Director		
STREET ADDRESS	50 S HARBOUR DR			5.3 STREET ADDRESS			
CITY-ST-ZIP	OCEAN RIDGE FL 33435			5.4 CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> DELETE		6.1 TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	LAMBRECHT, NANCY			6.2 NAME	Wendy Stone		
STREET ADDRESS	3067 MAINSAIL CR.			6.3 STREET ADDRESS	2601 Tecumseh Dr.	Delete	
CITY-ST-ZIP	JUPITER FL 33477			6.4 CITY-ST-ZIP	West Palm Beach FL 33409		

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **5/1/99** **REQUIRED** **5/1/99** **Daytime Phone #**

CR2E037 (1/98)