

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 14, 2001 8:00 am
Secretary of State

08-14-2001 90005 008 ****61.25

DOCUMENT # 722225

1. Entity Name

PALM BEACH COUNTY MEDICAL SOCIETY ALLIANCE, INC.

Principal Place of Business

Mailing Address

3540 FOREST HILL BLVD.
 WEST PALM BEACH FL 33406

3540 FOREST HILL BLVD.
 WEST PALM BEACH FL 33406

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-6196407

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WILES, TENNA
 3540 FOREST HILL BLVD.
 W. PALM BCH. FL 33406

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE VP
 NAME LAGRANGE, JUDITH
 STREET ADDRESS 103 LEXINGTON DRIVE
 CITY-ST-ZIP ROYAL PALM BEACH FL ☐ Delete

TITLE P
 NAME LEWENTAL, LILA
 STREET ADDRESS 971 CYPRESS DRIVE
 CITY-ST-ZIP DELRAY BEACH FL ☐ Delete

TITLE PE
 NAME XAVIER, ROSEMARY
 STREET ADDRESS 748 LAKESIDE DRIVE
 CITY-ST-ZIP NORTH PALM BEACH FL 33408 ☐ Delete

TITLE D
 NAME MCCORMICK, LAURA
 STREET ADDRESS 744 SEA SAGE DRIVE
 CITY-ST-ZIP DELRAY BEACH FL 33483 ☐ Delete

TITLE D
 NAME VINAS, THERESA
 STREET ADDRESS 50 S HARBOUR DR
 CITY-ST-ZIP OCEAN RIDGE FL 33435 ☐ Delete

TITLE D
 NAME LAMBRECHT, NANCY
 STREET ADDRESS 3067 MAINSAIL CR.
 CITY-ST-ZIP JUPITER FL 33477 ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P. ~~BURKARD~~
 NAME ☐ Change ☐ Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME ☐ Change ☐ Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME ☐ Change ☐ Addition
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE
 NAME ☐ Change ☐ Addition
 STREET ADDRESS
 CITY-ST-ZIP

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:

SIGNATURE

7/10/01 561 429-2434

CR2E037 (10/00)