
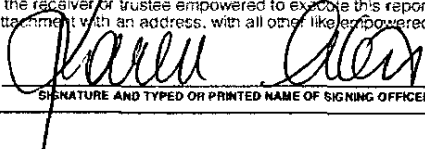


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2004 8:00 am
Secretary of State

03-29-2004 90069 029 ****61.25

| | | | | | |
|--|--|--|--|--|--|
| DOCUMENT # 722225 1. Entity Name PALM BEACH COUNTY MEDICAL SOCIETY ALLIANCE, INC. | | | |  | |
| Principal Place of Business 3540 FOREST HILL BLVD. WEST PALM BEACH, FL 33406 | | | Mailing Address 3540 FOREST HILL BLVD. WEST PALM BEACH, FL 33406 | | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | | 3. Mailing Address Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | | Country | | 4. FEI Number 59-6196407 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 6. Name and Address of Current Registered Agent BAIN, ANNETTE 3540 FOREST HILL BLVD. W. PALM BCH., FL 33406 | | | | 7. Name and Address of New Registered Agent 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. I am familiar with, and accept the obligations of registered agent. | | | | | |
| SIGNATURE _____ <small>Signature typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when re-registering)</small> | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2004 | | 9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| Make check payable to Florida Department of State | | | | | |
| 10. OFFICERS AND DIRECTORS | | | | | |
| TITLE | D LAGRANGE, JUDITH <input checked="" type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | 7754 CANNON BALL RD | NAME | | | |
| STREET ADDRESS | PALM BEACH GARDENS, FL 33418 | STREET ADDRESS | | | |
| CITY - ST - ZIP | | CITY - ST - ZIP | | | |
| TITLE | D EGITTO, BARBARA <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | 5796 LADY LUCK RD | NAME | | | |
| STREET ADDRESS | PALM BEACH GARDENS, FL 33418 | STREET ADDRESS | | | |
| CITY - ST - ZIP | | CITY - ST - ZIP | | | |
| TITLE | D XAVIER, ROSEMARY <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | 748 LAKESIDE DRIVE | NAME | | | |
| STREET ADDRESS | NORTH PALM BEACH, FL 33408 | STREET ADDRESS | | | |
| CITY - ST - ZIP | | CITY - ST - ZIP | | | |
| TITLE | T ABIS, KAREN <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | 14204 PARADISE POINT RD | NAME | | | |
| STREET ADDRESS | PALM BEACH GARDENS, FL 33410 | STREET ADDRESS | | | |
| CITY - ST - ZIP | | CITY - ST - ZIP | | | |
| TITLE | P BAIN, ANNETTE <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | 10351 TRIANON PL. | NAME | | | |
| STREET ADDRESS | WELLINGTON, FL 33467 | STREET ADDRESS | | | |
| CITY - ST - ZIP | | CITY - ST - ZIP | | | |
| TITLE | S NIELSEN, KAREN <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | 2444 NEEDHAM COURT | NAME | | | |
| STREET ADDRESS | DELRAY BEACH, FL 33445 | STREET ADDRESS | | | |
| CITY - ST - ZIP | | 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 or empowered. | | | | | |
| SIGNATURE:  | | | | | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | | | |
| <small>Date Daytime Phone #</small> | | | | | |

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03092004 Chg-NP CR2E037 (10/03)