

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 722225

FILED  
Feb 24, 2008  
Secretary of State

**Entity Name:** PALM BEACH COUNTY MEDICAL SOCIETY ALLIANCE, INC.

**Current Principal Place of Business:**

3540 FOREST HILL BLVD.  
WEST PALM BEACH, FL 33406

**New Principal Place of Business:**

**Current Mailing Address:**

3540 FOREST HILL BLVD.  
WEST PALM BEACH, FL 33406

**New Mailing Address:**

**FEI Number:** 59-6196407

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HIGGINS, MARY JO  
106 ATLANTIC ROAD  
NORTH PALM BEACH, FL 33408 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: VP ( ) Delete  
Name: EGITTO, BARBARA  
Address: 5796 LADY LUCK RD  
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: D ( ) Delete  
Name: XAVIER, ROSEMARY  
Address: 748 LAKESIDE DRIVE  
City-St-Zip: NORTH PALM BEACH, FL 33408

Title: T ( ) Delete  
Name: HIGGINS, MARY JO  
Address: 106 ATLANTIC ROAD  
City-St-Zip: NORTH PALM BEACH, FL 33408

Title: P ( ) Delete  
Name: BAINE, ANNETTE  
Address: 10351 TRIANON PL.  
City-St-Zip: WELLINGTON, FL 33467

Title: S ( ) Delete  
Name: NIELSEN, KAREN  
Address: 2444 NEEDHAM COURT  
City-St-Zip: DELRAY BEACH, FL 33445

Title: P ( ) Delete  
Name: GORMAN, LISSETTE  
Address: 19202 BLACK MANGROVE COURT  
City-St-Zip: BOCA RATON, FL 33198

**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:

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: KAREN ABIS

MRS

02/24/2008

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

\_\_\_\_\_  
Date