2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 722225

FILED Jan 23, 2012 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business:

3540 FOREST HILL BLVD. 3540 FOREST HILL BLVD. WEST PALM BEACH, FL 33406

SUITE 101

WEST PALM BEACH, FL 33406

Current Mailing Address: New Mailing Address:

3540 FOREST HILL BLVD. 3540 FOREST HILL BLVD.

SUITE 101 WEST PALM BEACH, FL 33406

WEST PALM BEACH, FL 33406

FEI Number: 59-6196407 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

HIGGINS, MARY JO MRS. 106 ATLÁNTIC ROAD

NORTH PALM BEACH, FL 33408 US

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:

EGITTO, BARBARA Name: Address: 5796 LADY LUCK RD

City-St-Zip: PALM BEACH GARDENS, FL 33418

Title:

Name: XAVIER, ROSEMARY Address: 748 LAKESIDE DRIVE

City-St-Zip: NORTH PALM BEACH, FL 33408

Title:

HIGGINS, MARY JO Name: Address: 106 ATLANTIC ROAD

City-St-Zip: NORTH PALM BEACH, FL 33408

Title:

Name: BAINE, ANNETTE Address: 10351 TRIANON PL. City-St-Zip: WELLINGTON, FL 33467

Title: MRS. ABIS, KAREN Name:

1111 SINGER DR Address: SINGER ISLAND, FL 33404 City-St-Zip:

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: MARY JO HIGGINS MRS. 01/23/2012