

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Nov 18, 2003 8:00 A.M.**  
**Secretary of State**

DOCUMENT # **722225**

1. Corporation 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

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**REINSTATEMENT 2003**



10/07/03 01037 005 \$61.25  
11/18/03 01004 025 \$175.00

4. Date Incorporated or Qualified  
To Do Business in Florida

12/07/1971

5. FEI Number

59-6196407

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	LAGRANGE, JUDITH	7754 CANNON BALL RD	PALM BEACH GARDENS FL 33418
X D	<del>EGITTO</del> EGITE, BARBARA	5796 LADY LUCK RD	PALM BEACH GARDENS FL 33418
D	XAVIER, ROSEMARY	748 LAKESIDE DRIVE	NORTH PALM BEACH FL 33408
X T	ABIS, KAREN	14204 PARADISE POINT RD	PALM BEACH GARDENS FL 33410
X P	BAINE, ANNETTE	<del>3168 HARRINGTON DRIVE</del> 10351 TRIANON PL	<del>BOCA RATON FL 33496</del> WELLINGTON, FL 33467
X S	<del>LAMBRECHT, NANCY</del> Delete Karen Nielsen (add)	<del>3067 MAINSAIL CR.</del> 2444 Needham Ct.	<del>JUPITER FL 33477</del> Delray Beach, FL 33445

8. Name and Address of Current Registered Agent

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

9. Name and Address of New Registered Agent

Name

Annette Baine  
Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State

FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of  
Registered Agent

Annette Baine  
REGISTERED AGENT MUST SIGN

Date

11/5/03

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/05/03 (EOL) 844-6494

CR2E040 (7/03)