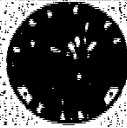


FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Monahan
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 APR 19 AM 8:05

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # 740708 (3)

1. Corporation Name

PALM BEACH MEDICAL FOUNDATION, INC.

Principal Place of Business

**3540 FOREST HILL BLVD
#101
W. PALM BEACH FL 33406
US**

Mailing Address

**3540 FOREST HILL BLVD.
#101
W. PALM BEACH FL 33406
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **11/07/1977** 3a. Date of Last Report **04/18/1994**

4. FEI Number **59-0829815** Applied For ☐ Not Applicable ☒

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **\$68.75 Supplemental Fee Not Required**

8. This corporation has liability for intangible tax under S. 190.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

25 Suite, Apt. #, etc.

26 City & State

27 Zip

28 Country

9. Name and Address of Current Registered Agent

**WICKEN, JEAN
3540 FOREST HILL BLVD., #101
W. PALM BEACH FL 33406**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PED D
NAME	BRODNER, ROBERT
STREET ADDRESS	1411 N FLAGLER DR
CITY- ST- ZIP	WEST PALM BEACH FL
TITLE	R
NAME	RASMUSSEN, JANA M
STREET ADDRESS	2121 N FLAGLER DR
CITY- ST- ZIP	WEST PALM BEACH FL
TITLE	D
NAME	WICKEN, JEAN
STREET ADDRESS	3540 FOREST HILL BLVD
CITY- ST- ZIP	W PALM BEACH FL
TITLE	D
NAME	SCHILLINGER, BRENT
STREET ADDRESS	7280 PALMETTO PARK ROAD
CITY- ST- ZIP	BOCA RATON FL
TITLE	D
NAME	DEDO, DOUGLAS MD
STREET ADDRESS	1515 N. FLAGLER DR.
CITY- ST- ZIP	WEST PALM BEACH FL
TITLE	PED P
NAME	NACHLAS, NATHAN
STREET ADDRESS	900 NW 13TH ST #206
CITY- ST- ZIP	BOCA RATON FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	
2.1 TITLE	☐ Change ☒ Addition
2.2 NAME	JEAN M. MALECKI, M.D.
2.3 STREET ADDRESS	826 EVERNIA ST.
2.4 CITY- ST- ZIP	WEST PALM BEACH, FL 33401
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY- ST- ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY- ST- ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY- ST- ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **X**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JEAN M. MALECKI, M.D.

4-13-95

Date

407-433-3119

Daytime Phone