

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

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

3. Date Incorporated or Qualified
11/07/1977

3a. Date of Last Report
04/19/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-0829815

Applied For

Not Applicable

22

Suite, Apt. #, etc.

Suite, Apt. #, etc.

23

City & State

City & State

24

Zip

Country

29

Zip

Country

25

30

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when not stating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ~~PEB~~ ☐ DELETE
NAME BRODNER, ROBERT
STREET ADDRESS 1411 N FLAGLER DR
CITY-ST-ZIP WEST PALM BEACH FL

TITLE ~~F~~ ☐ DELETE
NAME MALECKI, JEAN M M.D.
STREET ADDRESS 826 EVERNIA ST
CITY-ST-ZIP WEST PALM BEACH FL

TITLE ~~D~~ ☐ DELETE
NAME WICKEN, JEAN
STREET ADDRESS 3540 FOREST HILL BLVD
CITY-ST-ZIP W PALM BEACH FL

TITLE ~~D~~ ☐ DELETE
NAME SCHILLINGER, BRENT
STREET ADDRESS 7280 PALMETTO PARK ROAD
CITY-ST-ZIP BOCA RATON FL

TITLE ~~D~~ ☐ DELETE
NAME DEDO, DOUGLAS MD
STREET ADDRESS 1515 N. FLAGLER DR.
CITY-ST-ZIP WEST PALM BEACH FL

TITLE ~~F~~ ☐ DELETE
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

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

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 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-15-96

407-433-3955

CR2E037 (12/95)