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Apr 17 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **740708** (3)

1. Corporation Name

**PALM BEACH MEDICAL FOUNDATION, INC.**



Principal Place of Business	Mailing Address
3540 FOREST HILL BLVD #101 W. PALM BEACH FL 33406 US	3540 FOREST HILL BLVD. #101 W. PALM BEACH FL 33406-5893 US

3. Date Incorporated or Qualified <b>11/07/1977</b>	3a. Date of Last Report <b>04/18/1996</b>
4. FEI Number <b>59-0829815</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

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	<b>FL</b>
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 reinstating)

DATE

*Jean Wicken*

**4-7-97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PEO -</b>	1.1 TITLE	<b>P E</b>
NAME	<b>BRODNER, ROBERT</b>	1.2 NAME	<b>JANA RASMUSSEN, MD</b>
STREET ADDRESS	<b>1411 N FLAGLER DR</b>	1.3 STREET ADDRESS	<b>2121 N. FLAGLER DR.</b>
CITY-ST-ZIP	<b>WEST PALM BEACH FL</b>	1.4 CITY-ST-ZIP	<b>WEST PALM BEACH, FL 33407</b>
TITLE	<b>T</b>	2.1 TITLE	
NAME	<b>MALECKI, JEAN M M.D.</b>	2.2 NAME	
STREET ADDRESS	<b>826 EVERNIA ST</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>WEST PALM BEACH FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>D</b>	3.1 TITLE	
NAME	<b>WICKEN, JEAN</b>	3.2 NAME	
STREET ADDRESS	<b>3540 FOREST HILL BLVD</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>W PLAM BEACH FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>D</b>	4.1 TITLE	
NAME	<b>SCHILLINGER, BRENT</b>	4.2 NAME	
STREET ADDRESS	<b>7280 PALMETTO PARK ROAD</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BOCA RATON FL</b>	4.4 CITY-ST-ZIP	
TITLE	<b>D P</b>	5.1 TITLE	
NAME	<b>DEDO, DOUGLAS MD</b>	5.2 NAME	
STREET ADDRESS	<b>1515 N. FLAGLER DR.</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>WEST PALM BEACH FL</b>	5.4 CITY-ST-ZIP	
TITLE	<b>P D</b>	6.1 TITLE	
NAME	<b>NACHLAS, NATHAN</b>	6.2 NAME	
STREET ADDRESS	<b>900 NW 13TH ST #206</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BOCA RATON FL</b>	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

*Jean Wicken*

**4-7-97**

Date

**561-433-3955**

Daytime Phone # 0040258

CR2E037 (9/96)