

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Sep 22, 1999 8:00 am**  
**Secretary of State**

09-22-1999 90007 049 \*\*\*\*61.25

**DOCUMENT # 740708**

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



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		11/07/1977	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-0829815	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		Country	
24		29		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
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 reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PE <input type="checkbox"/> DELETE	1.1 TITLE	PE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RASMUSSEN, JANA M	1.2 NAME	MALECKI, JEAN
STREET ADDRESS	2121 N FLAGLER DR	1.3 STREET ADDRESS	826 EVERNIA
CITY-ST-ZIP	WEST PALM BEACH FL	1.4 CITY-ST-ZIP	WEST PALM BEACH, FL
TITLE	T <input type="checkbox"/> DELETE	2.1 TITLE	(D) Baynam, G. Clay <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MALECKI, JEAN M M.D.	2.2 NAME	3401 PGA Blvd.
STREET ADDRESS	826 EVERNIA ST	2.3 STREET ADDRESS	Palm Gardens, FL 33401
CITY-ST-ZIP	WEST PALM BEACH FL	2.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	(D) Rasmussen, JANA. <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WICKEN, JEAN	3.2 NAME	2121 N Flagler Dr.
STREET ADDRESS	3540 FOREST HILL BLVD	3.3 STREET ADDRESS	West Palm Beach, FL 33407
CITY-ST-ZIP	W PALM BEACH FL	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	(D) Wiles, Tenna <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SCHILLINGER, BRENT	4.2 NAME	2402 Amherst Ct.
STREET ADDRESS	7280 PALMETTO PARK ROAD	4.3 STREET ADDRESS	Boynton Beach, FL 33406
CITY-ST-ZIP	BOCA RATON FL	4.4 CITY-ST-ZIP	
TITLE	P <input checked="" type="checkbox"/> DELETE	5.1 TITLE	(D) Feuer, Bradley. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DEDO, DOUGLAS MD	5.2 NAME	6910 Lake worth Road
STREET ADDRESS	1515 N. FLAGLER DR.	5.3 STREET ADDRESS	Lake worth, FL 33467
CITY-ST-ZIP	WEST PALM BEACH FL	5.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	(D) Stone, Ross <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NACHLAS, NATHAN	6.2 NAME	120 JFK Drive Suite 124
STREET ADDRESS	900 NW 13TH ST #206	6.3 STREET ADDRESS	Atlantis, FL 33462
CITY-ST-ZIP	BOCA RATON FL	6.4 CITY-ST-ZIP	

14. I 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, with all other legal empowered.

SIGNATURE:

*Tenna Wiles*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/15/99  
Date

561 433-3940  
Daytime Phone #