

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 740708

1. Entity 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 33406-5878  
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-0829815

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

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

*Delete*

7. Name and Address of New Registered Agent

Name

TENNA WILES

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

3540 FOREST HILL BLVD. #101

City

WEST PALM BEACH

FL

Zip Code

33406

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

*Tenna Wiles*

TENNA WILES

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:  
FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME ☐ Delete

MALECKI, JEAN  
826 EVERNIA  
WEST PALM BEACH FL

TITLE NAME ☐ Delete

BAYNHAM, G. CLAY  
3401 PGA BLVD  
PALM BCH GARDENS FL 33401

TITLE NAME ☒ Delete

RASMUSSEN, JANA  
2121 N FLAGLER DR  
WEST PALM BEACH FL 33407

TITLE NAME ☒ Delete

SCHILLINGER, BRENT  
7280 PALMETTO PARK ROAD  
BOCA RATON FL

TITLE NAME ☐ Delete

WILES, TENNA  
2402 AMHERST CT  
BOYNTON BEACH FL 33406

TITLE NAME ☐ Delete

FEUER, BRADLEY  
6910 LAKE WORTH RD  
LAKE WORTH FL 33467

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☒ Addition

STONE ROSS  
120 5TH AVE #124  
ATLANTIS, FL 33462

TITLE NAME ☐ Change ☐ Addition

HIMMELSTEIN, STUART  
5258 LINTON BLVD. #206  
DELRAY BEACH, FL 33484

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS  
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Tenna Wiles*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/5/00

Date

561-433-3940

Daytime Phone #