

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000006975

FILED
Feb 24, 2009
Secretary of State

Entity Name: PALM BEACH COUNTY MEDICAL SOCIETY SERVICES, INCORPORATED

Current Principal Place of Business:

3540 FOREST HILL BLVD, SUITE 101
WEST PALM BEACH, FL 33406

New Principal Place of Business:

Current Mailing Address:

3540 FOREST HILL BLVD, SUITE 101
WEST PALM BEACH, FL 33406

New Mailing Address:

FEI Number: 65-1048299

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

WILES, TENNA
3540 FOREST HILL BLVD, SUITE 101
WEST PALM BEACH, FL 33406 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: TREA () Delete
Name: HOWELL, JAMES T.
Address: 6411 GRAND CYPRESS CIRCLE
City-St-Zip: LAKE WORTH, FL 33463

Title: PRES () Delete
Name: ARRASCUE, JOSE F
Address: 5503 S. CONGRESS AVE. SUITE 103
City-St-Zip: ATLANTIS, FL 33462

Title: VP () Delete
Name: SCHILLINGER, BRENT M
Address: 7280 W. PALMETTO PARK RD #207N
City-St-Zip: BOCA RATON, FL 33433

Title: SEC () Delete
Name: CHESTER, DON
Address: 901 45TH STREET
City-St-Zip: WEST PALM BEACH, FL 33407

Title: D () Delete
Name: PILLERSDORF, ALAN B
Address: 1620 SOUTH CONGRESS AVE. #100
City-St-Zip: PALM SPRINGS, FL 33461

Title: D () Delete
Name: DEDO, DOUGLAS D
Address: 11211 PROSPERITY FARMS ROAD SUITE 303C
City-St-Zip: PALM BEACH GARDENS, FL 33410

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSE F. ARRASCUEN MD

PRES

02/24/2009

Electronic Signature of Signing Officer or Director

Date