

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000006975

FILED
Feb 18, 2011
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: PRES
Name: SCHILLINGER, BRENT M MD
Address: 400 EAST LINTON BLVD. SUITE G9
City-St-Zip: BOCA RATON, FL 33433

Title: VP
Name: CHESTER, DON
Address: ST. MARY'S MEDICAL CENTER, 901 45TH STREET
City-St-Zip: WEST PALM BEACH, FL 33407

Title: TREA
Name: JOHNSON, JEREMY W CAE
Address: 236 SEVILLE ROAD
City-St-Zip: WEST PALM BEACH, FL 33405

Title: SEC
Name: CLAYTON, CYNTHIA MD
Address: 5205 VILLAGE BLVD.
City-St-Zip: WEST PALM BEACH, FL 33467

I hereby 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 all other like empowered.

SIGNATURE: TENNA WILES

RA

02/18/2011

Electronic Signature of Signing Officer or Director

Date