

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N00000006975

**FILED**  
**Apr 30, 2012**  
**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: TREA  
Name: CHESTER, DON  
Address: ST. MARY'S MEDICAL CENTER, 901 45TH STREET  
City-St-Zip: WEST PALM BEACH, FL 33407

Title: VP  
Name: DEDO, DOUGLAS D MD  
Address: 11211 PROSPERITY FARMS ROAD  
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: SEC  
Name: BONNET, YOLETTE  
Address: 2300 SO. CONGRESS AVE  
City-St-Zip: PALM SPRINGS, FL 33406

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: BRENT M. SCHILLINGER MD

PRES

04/30/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date