2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # NOSCA					F-Mail E graps when				
DOCUMENT # N00544 1. Entity Name					;	FILED			
PALM HEALTHCARE FOUNDATION, INC.					05 A	PRII AHII:	15		
Principal Place of Business Mailing Address					133	RETARY OF STA	τr		
•			016 NORTH DIXIE HWY		ALLA	NETARY OF STA NHASSEE, FLOR	RIDA		
FLOOR 1 W PALM BCH FL 33401			OR 1 NLM BCH FL 33401				,IDA		
W FALM BC	H FL 33401	**	ILM BOTT L 33401			1 salei b irii eis ii didi didik didik d	I DIE DIE DIE DIE DIE DIE DE LE S	iti el leri	
2. Principal Place of Business		3. Mai	ling Address						
Suite, Apt. #, etc.		Su	ite, Apt. #, etc.		1st MOO	RE CR2E037	7 (10/04)		
City & State		Ci	City & State		4. FEI Number 59-	2391119	<u> </u>	olied For Applicable	
Zip	Zip Country		>	Country	5. Certificate of Statu		\$8.75 Addi Fee Required		
6. Name and Address of Current Reg			ered Agent Name		7. Name and Address of New Registered Agent				
WEYNED CHIZETTE W									
WEXNER, SUZETTE W 1016 NORTH DIXIE HWY, FLOOR 1 WEST PALM BEACH FL 33401				Street Address	Street Address (P.O. Box Number is Not Acceptable)				
				City		FL	Zip Code		
8. The above	named entity submits this	statement for the purp	ose of changing its reg	istered office or registe	ered agent, or both, in the		amiliar with, a	and accept	
	ions of registered agent.		ooo o, onanging no log	, or	nou agong or noun, m m				
SIGNATURE .	Signature, typed or printed name of	egistered agent and title if ap	plicable (NOTE Re	gistered Agent signature require	id when reinstating)	DATE			
			Election Campa Trust Fund Cont	• • –	\$5.00 May Be Added to Fees	Make Check Florida Depart	•		
10. OFFICERS AND DIRECTORS				11.	ADDITIONS/CHANGES	TO OFFICERS AND DIF	RECTORS IN	10	
TITLE	С		Delete	TITLE			☐ Change	☐ Addition	
NAME ROBB, DAVID B JR STREET ADDRESS 1016 NORTH DIXIE HWY, FLOOR 1				NAME STREET ADDRESS					
STREET ADDRESS CITY-ST-ZIP	W PALM BCH FL 33401			CITY-ST-ZIP				ļ	
TITLE	P	B							
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CITY-ST-ZIP	,		_ Dollar	NAME STREET ADDRESS			☐ Change	Addition	
CITY-ST-ZIP	1016 NORTH DIXIE HW			NAME STREET ADDRESS CITY-ST-ZIP			☐ Change		
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PALM HEALTHCARE FOUNDATION, INC. ' ~ ATTACHMENT TO ITEM #10 59-2391119

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DOC#N00544 ADDITIONAL LIST OF OFFICERS AND DIRECTORS

TITLE 1

NAME CACCIAGUIDA, ROY J.

STREET 1016 NORTH DIXIE HIGHWAY CITY/ST/ZIP W PALM BEACH, FL 33401

TITLE

:

NAME DOMINICIS, JORGE

STREET 1016 NORTH DIXIE HIGHWAY CITY/ST/ZIP W PALM BEACH, FL 33401

TITLE

NAME JACOBOWITZ, BARBARA B. STREET 1016 NORTH DIXIE HIGHWAY CITY/ST/ZIP W PALM BEACH, FL 33401

TITLE

NAME KISNER, GERALD

STREET 1016 NORTH DIXIE HIGHWAY CITY/ST/ZIP W PALM BEACH, FL 33401

TITLE

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LACY, JOHN

STREET 1016 NORTH DIXIE HIGHWAY CITY/ST/ZIP W PALM BEACH, FL 33401

TITLE

NAME

T

NAME MALECKI, JEAN

STREET 1016 NORTH DIXIE HIGHWAY CITY/ST/ZIP W PALM BEACH, FL 33401

TITLE

1

NAME PEREZ-RAYNOZO, LUCIO STREET 1016 NORTH DIXIE HIGHWAY CITY/ST/ZIP W PALM BEACH, FL 33401

TITLE

NAME

SCHUR, EDIE A.

STREET 1016 NORTH DIXIE HIGHWAY CITY/ST/ZIP W PALM BEACH, FL 33401

TITLE

T

NAME TURNQUEST, SANDRA C. STREET 1016 NORTH DIXIE HIGHWAY CITY/ST/ZIP W PALM BEACH, FL 33401

TITLE

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NAME WILLINGER, JAN K.
STREET 1016 NORTH DIXIE HIGHWAY

CITY/ST/ZIP W PALM BEACH, FL 33401