

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90366 015 ****61.25

DOCUMENT # N00544

1. Entity Name

PALM HEALTHCARE FOUNDATION, INC.



Principal Place of Business

1016 NORTH DIXIE HWY
FLOOR 1
W PALM BCH, FL 33401

Mailing Address

1016 NORTH DIXIE HWY
FLOOR 1
W PALM BCH, FL 33401

00000000



01092006 No Chg-NP

CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2391119

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WEXNER, SUZETTE W
1016 NORTH DIXIE HWY, FLOOR 1
WEST PALM BEACH, FL 33401

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Suzette W. Wexner

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

(NOTE: Registered Agent signature required when reinstating)

4/4/06

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE C
NAME ROBB, DAVID B JR
STREET ADDRESS 1016 NORTH DIXIE HWY, FLOOR 1
CITY-ST- ZIP W PALM BCH, FL 33401

TITLE P
NAME WEXNER, SUZETTE
STREET ADDRESS 1016 NORTH DIXIE HWY, FLOOR 1
CITY-ST- ZIP W PALM BCH, FL 33401

TITLE T
NAME JOHNSTON, HARRY
STREET ADDRESS 1016 NORTH DIXIE HWY, FLOOR 1
CITY-ST- ZIP W. PAL BEACH, FL 33401

TITLE S
NAME BOYKIN, ANNE DR
STREET ADDRESS 1016 NORTH DIXIE HIGHWAY
CITY-ST- ZIP WEST PALM BEACH, FL 33401

TITLE T
NAME EIGEN, JOAN
STREET ADDRESS 1616 NORTH OCEAN BLVD
CITY-ST- ZIP W. PAL BEACH, FL 33401

TITLE VC
NAME JAFFE, ROBERT
STREET ADDRESS 1016 NORTH DIXIE HWY
CITY-ST- ZIP W. PAL BEACH, FL 33401

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

Suzette W. Wexner

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/4/06

Date

561-833-6333

Daytime Phone #

ATTACHMENT

ATTACHMENT

#N02544

600299162

PALM HEALTHCARE
FOUNDATION, INC.



Healthcare
Workforce
Partnership

ADDITIONAL BOARD OF TRUSTEES - not listed on Annual Report Form

Cacciaguida, Roy J. - Trustee
1016 N. Dixie Highway
West Palm Beach, FL 33401

Turnquest, Sandra - Trustee
1016 N. Dixie Highway
West Palm Beach, FL 33401

Dominicis, Jorge - Trustee
1016 N. Dixie Highway
West Palm Beach, FL 33401

Willinger, Jan - Trustee
1016 N. Dixie Highway
West Palm Beach, FL 33401



Hathaway, Fran - Trustee
1016 N. Dixie Highway
West Palm Beach, FL 33401

Jacobowitz, Barbara B. - Trustee
1016 N. Dixie Highway
West Palm Beach, FL 33401



HEALTHCARE EMERGENCY
RESPONSE COALITION
of Palm Beach County

Kisner, Gerald - Trustee
1016 N. Dixie Highway
West Palm Beach, FL 33401



PALM
PUBLISHING - LLC

Lacy, John - Treasurer
1016 N. Dixie Highway
West Palm Beach, FL 33401

Malecki, Jean - Trustee
1016 N. Dixie Highway
West Palm Beach, FL 33401

Schur, Edie - Trustee
1016 N. Dixie Highway
West Palm Beach, FL 33401

Dedicated to the good health of Palm Beach County