

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00544

FILED
Apr 10, 2008
Secretary of State

Entity Name: PALM HEALTHCARE FOUNDATION, INC.

Current Principal Place of Business:

1016 NORTH DIXIE HWY
W PALM BCH, FL 33401

New Principal Place of Business:

Current Mailing Address:

1016 NORTH DIXIE HWY
W PALM BCH, FL 33401

New Mailing Address:

FEI Number: 59-2391119

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WEXNER, SUZETTE W
1016 NORTH DIXIE HWY,
WEST PALM BEACH, FL 33401 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: C () Delete
Name: JAFFE, ROBERT
Address: 1016 NORTH DIXIE HWY, FLOOR 1
City-St-Zip: W PALM BCH, FL 33401

Title: P () Delete
Name: WEXNER, SUZETTE
Address: 1016 NORTH DIXIE HWY,
City-St-Zip: W PALM BCH, FL 33401

Title: S () Delete
Name: BOYKIN, ANNE DR
Address: 1016 NORTH DIXIE HWY, FLOOR 1
City-St-Zip: W. PAL BEACH, FL 33401

Title: T () Delete
Name: COOK, MARK
Address: 1016 NORTH DIXIE HIGHWAY
City-St-Zip: WEST PALM BEACH, FL 33401

Title: T () Delete
Name: LACY, JOHN
Address: 1616 NORTH OCEAN BLVD
City-St-Zip: W. PAL BEACH, FL 33401

Title: T (X) Delete
Name: ROBB, DAVID JR
Address: 1016 NORTH DIXIE HWY
City-St-Zip: W. PAL BEACH, FL 33401

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
Name:
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: SUZETTE W WEXNER

PRES

04/10/2008

Electronic Signature of Signing Officer or Director

Date