

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00544

FILED
Feb 19, 2010
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
Name: KISNER, GERALD
Address: 1016 NORTH DIXIE HWY
City-St-Zip: W PALM BCH, FL 33401

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

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

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

Title: T
Name: LACY, JOHN
Address: 1016 NORTH DIXIE HWY
City-St-Zip: WEST PALM BEACH, FL 33401

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: SUZETTE W. WEXNER

P

02/19/2010

Electronic Signature of Signing Officer or Director

Date