2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00544

FILED Feb 18, 2011 Secretary of State

Entity Name: PALM HEALTHCARE FOUNDATION, INC.

Current Principal Place of Business: New Principal Place of Business:

1016 NORTH DIXIE HWY 1016 NORTH DIXIE HWY

W PALM BCH, FL 33401 WEST PALM BEACH, FL 33401

Current Mailing Address: New Mailing Address:

1016 NORTH DIXIE HWY 1016 NORTH DIXIE HWY

W PALM BCH, FL 33401 WEST PALM BEACH, FL 33401

FEI Number: 59-2391119 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

WEXNER, SUZETTE W PETERS, JOHN

1016 NORTH DIXIE HWY 1016 NORTH DIXIE HWY

WEST PALM BEACH, FL 33401 US WEST PALM BEACH, FL 33401 US

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: JOHN PETERS 02/18/2011

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: C

Name: JOHN, LACY

Address: 1016 NORTH DIXIE HWY
City-St-Zip: WEST PALM BEACH, FL 33401

Title: VC

Name: MARK, COOK

Address: 1016 NORTH DIXIE HWY
City-St-Zip: WEST PALM BEACH, FL 33401

Title: S

Name: JACOBOWITZ, BARBARA
Address: 1016 NORTH DIXIE HWY
City-St-Zip: WEST PALM BEACH, FL 33401

Title: TR

Name: JECK, PHILIPPE

Address: 1016 NORTH DIXIE HWY
City-St-Zip: WEST PALM BEACH, FL 33401

Title: CFO

Name: PETERS, JOHN Address: 1016 N 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: JOHN PETERS CFO 02/18/2011