

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00544

FILED
Mar 28, 2012
Secretary of State

Entity Name: PALM HEALTHCARE FOUNDATION, INC.

Current Principal Place of Business:

1016 NORTH DIXIE HWY
WEST PALM BEACH, FL 33401

New Principal Place of Business:

Current Mailing Address:

1016 NORTH DIXIE HWY
WEST PALM BEACH, 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:

PETERS, JOHN
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: 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

03/28/2012

Electronic Signature of Signing Officer or Director

Date