2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 30, 2006
Secretary of State

DOCUMENT# N01000008440

Entity Name: PLANNED APPROACH TO COMMUNITY HEALTH ADVISORY COUNCIL OF PALM BEACH COUNTY, INC.

Current Principal Place of Business:

851 AVENUE P
RIVIERA BEACH, FL 33404

New Principal Place of Business:

Current Mailing Address:

PO BOX 11595
RIVIERA BEACH, FL 334190567

New Mailing Address:

5071 WILLOW POND ROAD WEST
WEST PALM BEACH, FL 33417

FEI Number: 30-0007978 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

CROWELL, EDWARD J
5111 SE MILES GRANT RD, APT 201
STUART, FL 34997 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:	TD	( ) Delete
Name:	ILES, ANN	
Address:	42 EAST 30TH STREET STE A-1	
City-St-Zip:	WEST PALM BEACH, FL 33404	
Title:	SD	( ) Delete
Name:	CROWELL, EDWARD J	
Address:	5111 SE MILES GRANT RD, APT 201	
City-St-Zip:	STUART, FL 34997	
Title:	1VP	( ) Delete
Name:	BLEDSOE, KELVIN	
Address:	1700 N. AUSTRALIAN AVE	
City-St-Zip:	WEST PALM BEACH, FL 33407	
Title:	PD	( ) Delete
Name:	ADAMS, RAYMOND T	
Address:	5071 W YOUR POND ROAD WEST	
City-St-Zip:	WEST PALM BEACH, FL 33417	

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:	PD	(X) Change ( ) Addition
Name:	ADAMS, RAYMOND T	
Address:	5071 W ILLOW POND ROAD WEST	
City-St-Zip:	WEST PALM BEACH, FL 33417	

I hereby certify that the information supplied with this filing does not qualify for the 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: RAYMOND T. ADAMS PD 06/30/2006

Electronic Signature of Signing Officer or Director — Date