2005 NOT-FOR-PROFIT CORPORATION

Apr 29, 2005 8:00 am ANNUAL REPORT **Secretary of State DOCUMENT # N03000001094** 04-29-2005 90281 040 ****61.25 NICKLAUS CHILDREN'S HEALTH CARE FOUNDATION, INC. Principal Place of Business Mailing Address 11780 US HIGHWAY ONE 11780 US HIGHWAY ONE A 1 2 2 2 2 2 2 2 3 3 STE 500 STF 500 NORTH PALM BEACH, FL. 33408 NORTH PALM BEACH, FL 33408 2. Principal Place of Business 3. Mailing Address 927 45th 927 Street Street Suite, Apt. #, etc. Suite, Apt. #, etc. 04222005 CR2E037 (10/03) Cha-NP 206 City & State City & State 4. FEI Number Applied For 57-1154352 Beach Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 340 3407 3 USA USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Pat<u>ricia</u> MaDon DOTY, DONNA 11780 US HIGHWAY ONE Street Address (P.O. Box Number is Not Acceptable) **STE 500** NORTH PALM BEACH, FL 33408 45+4 Beach 8. 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. I am familiar with, and accept the obligations of registered agent. 4.22.05 SIGNATURE (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$61.25 9. Election Campaign Financing \$5.00 May Be Make check payable to Trust Fund Contribution. Florida Department of State Due by May 1, 2005 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 DP TITLE ☐ Delete TITLE Director ☐ Change Addition Corbett NICKLAUS, BARBARA Jeannette NAME NAME 505 South Flagler Dr, Ste 270 STREET ADDRESS 11780 US HWY, ONE STE 500 STREET ADDRESS CITY-ST-ZIP NORTH PALM BEACH, FL 33408 CITY-ST-21P 33401 West Palm Beach TITLE Delete Director ☐ Change **X** Addition NICKLAUS, JACK W NAME NAME Michael Pascucci 270 South Service Rd, Ste 45 STREET ADDRESS 11780 US HWY, ONE STE 500 STREET ADDRESS CITY-ST-ZIP NORTH PALM BEACH, FL 33408 CITY-ST-ZIP Melville <u> 117</u>47 secretary Treasurer Paul Bremer 176 Satinwood LN TITLE ☐ Delete TITLE Change ☐ Addition BREMER, PAUL C NAME NAME STREET ADDRESS 11780 US HWY, ONE STE 500 STREET ADDRESS CITY-ST-ZIP NORTH PALM BEACH; FL-33408 CITY-ST-ZIP Palm Beach Gardens, Fl 33410 Director TITLE ☐ Delete TITLE **™** Addition Dr. Robert Vizza NAME NICKLAUS, MICHAEL S NAME 3 Maria Lane 11780 US HWY, ONE STE 500 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NORTH PALM BEACH, FL 33408 CITY-ST-ZIP NY 11545 010 Brookville Addition TITLE ☐ Defete TITLE ☐ Change Richard Douglas O'LEARY, NAN NAME NAME 750 Ocean Royalde 些 1105 STREET ADDRESS 11780 US HWY, ONE STE 500 STREET ADDRESS CITY-ST-ZIP NORTH PALM BEACH, FL 33408 F1 33408 CITY-ST-ZIP Juno Beach TITLE Director Delete TITLE ☐ Change **X** Addition MILLSAPS, FRED R Beaty NAME NAME Keith STREET ADDRESS 11780 US HWY, ONE STE 500 STREET ADDRESS 16 W. Riverside CITY-ST-ZIP NORTH PALM BEACH, FL 33408 CITY-ST-ZIP 33469 FL Jupiter

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF

FILED

2005 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT

ANITOAL REPORT											
DOCUI 1. Entity Nam NICKLAU INC.		1401	1861								
Principal Place of Business Mailing Address						1401	00 41				
11780 US HIGHWAY ONE 11780 US HIGHWAY ONE STE 500 STE 500						, i					
NORTH PALM BEACH, FL 33408 NORTH PALM BEACH, FL			33408				- 197 (191 p) No.	COLUMN TO SERVICE STATE OF THE			
921	lace of Business 45th Street	3. Mailing Address									
Suite, Apt.	206	Suite, Apt. #, etc.				ng-NP	CR2E037 (10/03)				
City & State	Palm Beach FL	City & State			4. FEI Number 57-115435	2		pplied For lot Applicable			
Zip 3340	Country USA	Zip	Country		5. Certificate of Sta	atus Desired	S8.75 Ad Fee Requir				
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent Name							
DOTY, DONNA 11780 US HIGHWAY ONE				ame Patricia McDonald treet Address (P.O. Box Number is Not Acceptable)							
STE 500											
NUKIHP	ALM BEACH, FL 33408		City				FL Zip Cox	de			
8. 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. I am familiar with, and accept											
the obligations of registered agent. Adrew M. S. Mull 4.22.05											
SIGNATURE Signature, typed or printed name of registered agent and title of applicable. (NDTE: Registered Agent signature required when reinstating) DATE											
Filing Fee Is \$61.25 9. Election Campaign Financing \$5.00 May Be Due by May 1, 2005 Trust Fund Contribution. Added to Fees Florida Department of State											
10.	Due by May 1, 2005 OFFICERS AND DIRE		11,				ERS AND DIRECTORS I				
TITLE	DP	☐ Delete	TITLE	Dire	CTOR		☐ Change	Addition			
NAME	NICKLAUS, BARBARA		NAME CTOCET APPRESSO	1130	glas Rea	ian ihway	one				
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CITY-ST-ZIP	11780 US HWY, ONE STE 500 NORTH PALM BEACH, FL 33408		CITY-ST-ZIP	777 Wes	of Palm	ig ier i	, FI 33401				
TITLE	DT	☐ Delete	TITLE				Change	Addition			
NAME STREET ADDRESS	BREMER, PAUL C 11780 US HWY, ONE STE 500		NAME STREET ADDRESS								
CITY-ST-ZIP	NORTH PALM BEACH, FL 33408		CITY-ST-ZIP								
TITLE	D	☐ Delete	TITLE				☐ Change	☐ Addition			
NAME Street address	NICKLAUS, MICHAEL S 11780 US HWY, ONE STE 500		NAME STREET ADDRESS								
CITY-ST-ZIP	NORTH PALM BEACH, FL 33408	ł	CITY-ST-ZIP								
TITLE	D	☐ Delete	TITLE				☐ Change	Addition			
NAME STREET ADDRESS	O'LEARY, NAN 11780 US HWY, ONE STE 500		NAME STREET ADDRESS								
CITY-ST-ZIP	NORTH PALM BEACH, FL 33408		CITY-ST-ZIP								
TITLE	D	☐ Delete	TITLE				Change	Addition .			
NAME STREET ADDRESS	MILLSAPS, FRED R 11780 US HWY, ONE STE 500		NAME STREET ADDRESS								
CITY-ST-ZIP	NORTH PALM BEACH, FL 33408		CITY-ST-ZIP								
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the comprehence of the contraction or the receiver or the state of the contraction or the receiver or the state of the contraction or the receiver or the state of											
		vered to execute this report a	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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.								
of the cor	rporation or the receiver or trustee empoy		s required by Ch	apter 617	, monda Statutes; an		TO APPOSIO III SIGON TO				
of the cor	rporation or the receiver or trustee empoy , or on an attachment with an address, wi			apter 617	, riona statutes, an	Date	Daytime Phone #				