

2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Oct 09, 2007
Secretary of State

DOCUMENT# N05000012474

Entity Name: NBCTS OF PALM BEACH, INC.

Current Principal Place of Business:15591 75TH LN N
LOXAHATCHEE, FL 33470**New Principal Place of Business:**622 SOUTH RD.
BOYNTON BEACH, FL 33435**Current Mailing Address:**15591 75TH LN N
LOXAHATCHEE, FL 33470**New Mailing Address:**622 SOUTH RD.
BOYNTON BEACH, FL 33435

FEI Number: 72-1608956

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:ENOS, MICHELLE
15591 75TH LN NORTH
LOXAHATCHEE, FL 33470 US**Name and Address of New Registered Agent:**ENOS, MICHELLE D V
15591 75TH LN. N.
LOXAHATCHEE, FL 33470 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: MICHELLE D. ENOS

10/09/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:Title: DP () Delete
Name: ENOS, MICHELLE
Address: 15591 75TH LN N
City-St-Zip: LOXAHATCHEE, FL 33470Title: D () Delete
Name: SILVERSTEIN, DANNA
Address: 6980 STONEY CREEK CIR
City-St-Zip: LAKE WORTH, FL 33467Title: D (X) Delete
Name: DILLINGHAM, VERONICA
Address: 500 EXECUTIVE CENTER DR #5B
City-St-Zip: W PALM BCH, FL 33406Title: V () Delete
Name: DELONG, CAROL
Address: 13797 77TH PL N
City-St-Zip: W PALM BCH, FL 33412Title: S (X) Delete
Name: GILMORE, TERESA
Address: 15744 77TH PL N
City-St-Zip: LOXAHATCHEE, FL 33470Title: T () Delete
Name: WEITZ, JILL
Address: 3901 S FLAGLER #904
City-St-Zip: W PALM BCH, FL 33405**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: DP (X) Change () Addition
Name: PREDMORE, SHERI
Address: 622 SOUTH RD.
City-St-Zip: BOYNTON BEACH, FL 33435Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: V (X) Change () Addition
Name: ENOS, MICHELLE
Address: 15591 75TH LN. N.
City-St-Zip: LOXAHATCHEE, FL 33470Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: MICHELLE D. ENOS

V

10/09/2007

Electronic Signature of Signing Officer or Director

Date