

# 2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N05000012474

FILED  
Jul 23, 2009  
Secretary of State

Entity Name: NBCTS OF PALM BEACH, INC.

## Current Principal Place of Business:

622 SOUTH RD.  
BOYNTON BEACH, FL 33435

## New Principal Place of Business:

## Current Mailing Address:

622 SOUTH RD.  
BOYNTON BEACH, FL 33435

## New Mailing Address:

FEI Number: 72-1608956      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:

ENOS, MICHELLE D V  
15591 75TH LN. N.  
LOXAHATCHEE, FL 33470      US

## Name and Address of New Registered Agent:

PREDMORE, SHERI B  
622 SOUTH RD.  
BOYNTON BEACH, FL 33435      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: SHERI B. PREDMORE

07/23/2009

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: DP      ( ) Delete  
Name: PREDMORE, SHERI  
Address: 622 SOUTH RD.  
City-St-Zip: BOYNTON BEACH, FL 33435

Title: D      ( ) Delete  
Name: SILVERSTEIN, DANNA  
Address: 6980 STONEY CREEK CIR  
City-St-Zip: LAKE WORTH, FL 33467

Title: V      ( ) Delete  
Name: ENOS, MICHELLE  
Address: 15591 75TH LN. N.  
City-St-Zip: LOXAHATCHEE, FL 33470

Title: T      (X) Delete  
Name: WEITZ, JILL  
Address: 3901 S FLAGLER #904  
City-St-Zip: W PALM BCH, FL 33405

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: TRES      (X) Change ( ) Addition  
Name: BLAKESLEE, BARBARA  
Address: 5241 BRISATA CIR APT F  
City-St-Zip: BOYNTON BEACH, FL 33437

Title: VP      (X) Change ( ) Addition  
Name: EVANS, SARAH  
Address: 89 LAKE ARBOR DR  
City-St-Zip: LAKE WORTH, FL 33461

Title: PRES      (X) Change ( ) Addition  
Name: PREDMORE, SHERI B  
Address: 622 SOUTH RD.  
City-St-Zip: BOYNTON BEACH, FL 33435

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: SHERI B. PREDMORE

PRES

07/23/2009

Electronic Signature of Signing Officer or Director

Date