

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 29, 2008 8:00 am
Secretary of State

02-29-2008 90025 027 ****61.25

DOCUMENT # N07000000972

1. Entity Name

MEDICAL CARE FOUNDATION OF THE PALM BEACHES, INC.



Principal Place of Business

1231 NORTH LAKE WAY
PALM BEACH FL 33480
US

Mailing Address

1231 NORTH LAKE WAY
PALM BEACH FL 33480
US

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/07)

4. FEI Number

20-8349313

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KOCHMAN, RONALD S ESQ.
KOCHMAN & ZISKA PLC
222 LAKEVIEW AVENUE, SUITE 950
WEST PALM BEACH FL 33401

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	DENNIS, MICHAEL DR.	
STREET ADDRESS	1231 NORTH LAKE WAY	
CITY-ST-ZIP	PALM BEACH FL 33480	
TITLE	V	<input type="checkbox"/> Delete
NAME	TRAVERSE, NORMAN	
STREET ADDRESS	1744 S OCEAN BLVD	
CITY-ST-ZIP	PALM BEACH FL 33480	
TITLE	V	<input type="checkbox"/> Delete
NAME	FRIEDMAN, ROBERT	
STREET ADDRESS	2500 SOUTH OCEAN BOULEVARD	
CITY-ST-ZIP	PALM BEACH FL 33480	
TITLE	V	<input type="checkbox"/> Delete
NAME	FURLAND, RICHARD	
STREET ADDRESS	745 HI MOUNT RD	
CITY-ST-ZIP	PALM BEACH FL 33480	
TITLE	S	<input type="checkbox"/> Delete
NAME	GOLDBLUM, NORMAN	
STREET ADDRESS	109 EVERGLADES AVE	
CITY-ST-ZIP	PALM BEACH FL 33480	
TITLE	T	<input type="checkbox"/> Delete
NAME	STEIN, MICHAEL	
STREET ADDRESS	227 VIA TORTUGA	
CITY-ST-ZIP	PALM BEACH FL 33480	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

Michael Dennis Pres
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/21/08

561-758-1252

Date

Daytime Phone #