

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000008738

FILED
Mar 07, 2009
Secretary of State

Entity Name: PALM BEACH MEDICAL GROUP MANAGEMENT ASSOCIATION, INC.

Current Principal Place of Business:

931 VILLAGE BLVD #905-125
WEST PALM BEACH, FL 334091939

New Principal Place of Business:

Current Mailing Address:

931 VILLAGE BLVD #905-125
WEST PALM BEACH, FL 334091939

New Mailing Address:

FEI Number: 41-2252849

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RICHE, LINDA BSL MBA
931 VILLAGE BLVD #905-125
WEST PALM BEACH, FL 334091939 US

Name and Address of New Registered Agent:

OSTBERG, ELEANOR
931 VILLAGE BLVD #905-125
WEST PALM BEACH, FL 334091939 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: ELEANOR OSTBERG

03/07/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: RICHE, LINDA
Address: 1515 N. FLAGLER D #600
City-St-Zip: WEST PALM BEACH, FL 33401

Title: PR () Delete
Name: WHITE, DIANE
Address: 3401 PGA BLVD. #50
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: VP () Delete
Name: LIONHARDT, DAVID
Address: 1515 N. FLAGLER DR #300
City-St-Zip: WEST PALM BEACH, FL 33401

Title: S () Delete
Name: SAUNDERS, LISA
Address: 5511 CONGRESS AVE #105
City-St-Zip: WEST PALM BEACH, FL 33402

Title: T (X) Delete
Name: OSTLARG, ELEANOR
Address: 1920 10TH AVE. N #105
City-St-Zip: WEST PALM BEACH, FL 33401

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: T (X) Change () Addition
Name: OSTBERG, ELEANOR
Address: 1926 10 AVE STE 105
City-St-Zip: LAKE WORTH, FL 33461

Title: P (X) Change () Addition
Name: WHITE, DIANE
Address: 3401 PGA BLVD. #50
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: PR (X) Change () Addition
Name: LIENHARDT, DAVID
Address: 1515 N. FLAGLER DR #300
City-St-Zip: WEST PALM BEACH, FL 33401

Title: () 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: ELEANOR OSTBERG

T

03/07/2009

Electronic Signature of Signing Officer or Director

Date