

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N09791** (7)

1. Corporation Name

JFK MEDICAL CENTER FOUNDATION, INC.

Principal Place of Business

**5301 SOUTH CONGRESS AVENUE
ATLANTIS FL 33462**

Mailing Address

**5301 SOUTH CONGRESS AVENUE
ATLANTIS FL 33462**



3. Date Incorporated or Qualified
06/17/1985

3a. Date of Last Report
06/23/1995

2. Principal Place of Business

21 505 South Flagler Dr.
Suite, Apt. #, etc.

2a. Mailing Address

26 505 South Flagler Dr.
Suite, Apt. #, etc.

22 Suite 1460
City & State

27 Suite 1460
City & State

23 West Palm Beach, FL
Zip Country **U.S.A.**

28 West Palm Beach, FL
Zip Country

24 33401

25 Palm Beach

29 33401

30 Palm Beach

9. Name and Address of Current Registered Agent

**SPRINKLE, PHILIP M., II
777 SOUTH FLAGLER DR., SUITE 900
WEST PALM BEACH FL 33401**

10. Name and Address of New Registered Agent

81 Name Anthony J. McNicholas III, Esq.
82 Street Address (P.O. Box Number is Not Acceptable) Stephens, Lynn, Klein & McNicholas
83 515 North Flagler Drive, Suite 1600
84 City West Palm Beach, FL
85 Zip Code 33401

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

[Signature]
Signature, typed or printed name of registered agent and this if applicable

(NOTE: Registered Agent signature required when resigning)

4/25/96

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☒ DELETE
NAME **SIMMONDS, NICHOLAS**
STREET ADDRESS **5301 S CONGRESS AVE**
CITY-ST-ZIP **ATLANTIS FL**

TITLE **D** ☒ DELETE
NAME **DEGRAFF, ROBB**
STREET ADDRESS **489 S COUNTRY CLUB DR**
CITY-ST-ZIP **ATLANTIS FL**

TITLE **D** ☒ DELETE
NAME **CAMPBELL, JAMES K**
STREET ADDRESS **450 S. OCEAN BLVD.**
CITY-ST-ZIP **MANALAPAN FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **CT** ☐ Change ☒ Addition
1.2 NAME **McNicholas, Anthony J.**
1.3 STREET ADDRESS **515 North Flagler Drive, #1600**
1.4 CITY-ST-ZIP **West Palm Beach, FL 33401**

2.1 TITLE **VCST** ☐ Change ☒ Addition
2.2 NAME **Levin, Stephen A.**
2.3 STREET ADDRESS **350 Royal Poinciana Way, #322B**
2.4 CITY-ST-ZIP **Palm Beach, FL 33480**

3.1 TITLE **VCTT** ☐ Change ☒ Addition
3.2 NAME **Morgan, James Jr.**
3.3 STREET ADDRESS **255 South County Road**
3.4 CITY-ST-ZIP **Palm Beach, FL 33480**

4.1 TITLE **T** ☐ Change ☒ Addition
4.2 NAME **Moore, Stephen C.**
4.3 STREET ADDRESS **5757 Lake Worth Road**
4.4 CITY-ST-ZIP **Greenacres, FL 33462**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/96

407-832-7497

Date

Daytime Phone

CR2E037 (12/95)