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Apr 30 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N09791 (7)
1. Corporation Name
JFK MEDICAL CENTER FOUNDATION, INC.

Principal Place of Business 505 SOUTH FLAGLER DR. SUITE 1460 WEST PALM BEACH FL 33401 US	Mailing Address 505 SOUTH FLAGLER DR. SUITE 1460 WEST PALM BEACH FL 33401-5923 US
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2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

3. Date Incorporated or Qualified 06/17/1985	3a. Date of Last Report 05/01/1996
4. FEI Number 59-2644459	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**MCNICHOLAS, ANTHONY J III
STEPHENS, LYNN, KLEIN & MCNICHOLAS
515 NORTH FLAGLER DRIVE, SUITE 1600
WEST PALM BEACH FL 33401**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** **85 Zip Code**

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]* (NOTE: Registered Agent signature required when reinstating) DATE **4/11/97**

12. OFFICERS AND DIRECTORS	
TITLE CT	<input type="checkbox"/> DELETE
NAME MCNICHOLAS, ANTHONY J	
STREET ADDRESS 515 NORTH FLAGLER DRIVE, #1600	
CITY-ST-ZIP WEST PALM BEACH FL	
TITLE VCST	<input type="checkbox"/> DELETE
NAME LEVIN, STEPHEN A	
STREET ADDRESS 350 ROYAL POINCIANA WAY, #322B	
CITY-ST-ZIP PALM BEACH FL	
TITLE VCTT	<input type="checkbox"/> DELETE
NAME MORGAN, JAMES J	
STREET ADDRESS 255 SOUTH COUNTY ROAD	
CITY-ST-ZIP PALM BEACH FL	
TITLE T	<input type="checkbox"/> DELETE
NAME MOORE, STEPHEN C	
STREET ADDRESS 5757 LAKE WORTH ROAD	
CITY-ST-ZIP GREENACRES FL	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE CT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME Levin, Stephen A.	
1.3 STREET ADDRESS 350 Royal Poinciana Way, St. 322B	
1.4 CITY-ST-ZIP Palm Beach, FL	
2.1 TITLE VCTT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME Moore, Stephen C.	
2.3 STREET ADDRESS 5757 Lake Worth Road	
2.4 CITY-ST-ZIP Greenacres, FL	
3.1 TITLE VCST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME Morgan, James E., Jr.	
3.3 STREET ADDRESS 255 South County Road	
3.4 CITY-ST-ZIP Palm Beach, FL	
4.1 TITLE T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME McNicholas, Anthony	
4.3 STREET ADDRESS 515 North Flagler Drive	
4.4 CITY-ST-ZIP West Palm Beach, FL	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 does not qualify for the exemption stated in Section 119.07(3)(i), 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]* **REQUIRED** DATE **4/14/97** (561) 832-7497

CR2E037 (9/96)