

FILE NOW: FILING FEE IS \$61.25

FILED  
Feb 26 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N18370** (9)

**PALM BEACH COUNTY MEDICAL SOCIETY AUXILIARY FOUNDATION, INC.**



Principal Place of Business <b>3540 FOREST HILL BLVD. WEST PALM BEACH FL 33406</b>	Mailing Address <b>3540 FOREST HILL BLVD. WEST PALM BEACH FL 33406</b>
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3. Date Incorporated or Qualified <b>12/19/1986</b>
4. FEI Number <b>65-0148875</b>
Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business <b>21</b> Suite, Apt. #, etc.	2a. Mailing Address <b>26</b> Suite, Apt. #, etc.
<b>23</b> City & State	<b>28</b> City & State
<b>24</b> Zip	<b>29</b> Zip
<b>25</b> Country	<b>30</b> Country

5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent <b>WICKEN, JEAN 3540 FOREST HILL BLVD. WEST PALM BEACH FL 33406</b>
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10. Name and Address of New Registered Agent
<b>81</b> Name
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)
<b>83</b>
<b>84</b> City
<b>85</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE	V <input type="checkbox"/> DELETE
NAME	<b>LEWENTA, LILA</b>
STREET ADDRESS	<b>971 CYPRESS DRIVE</b>
CITY-ST-ZIP	<b>DELRAY BEACH FL</b>
TITLE	T <input type="checkbox"/> DELETE
NAME	<b>LAGRANGE, JUDITH</b>
STREET ADDRESS	<b>103 LEXINGTON DRIVE</b>
CITY-ST-ZIP	<b>ROYAL PALM BEACH FL</b>
TITLE	S <input type="checkbox"/> DELETE
NAME	<b>XAVIER, ROSEMARY</b>
STREET ADDRESS	<b>748 LAKESIDE DRIVE</b>
CITY-ST-ZIP	<b>NORTH PALM BEACH FL</b>
TITLE	T <input checked="" type="checkbox"/> DELETE
NAME	<b>MASSOUMI, ROSHAN</b>
STREET ADDRESS	<b>309 WELLS RD.</b>
CITY-ST-ZIP	<b>PALM BEACH FL 33480</b>
TITLE	P <input type="checkbox"/> DELETE
NAME	<b>LAMBRECHT, NANCY</b>
STREET ADDRESS	<b>3067 MAINSAIL CIR</b>
CITY-ST-ZIP	<b>JUPITER FL 33477</b>
TITLE	T <input type="checkbox"/> DELETE
NAME	<b>MCCORMICK, LAURA</b>
STREET ADDRESS	<b>744 SEA SAGE DRIVE</b>
CITY-ST-ZIP	<b>DELRAY BEACH FL</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>Xavier, Rosemary</b>
3.3 STREET ADDRESS	<b>748 Lakeside Drive</b>
3.4 CITY-ST-ZIP	<b>North Palm Beach, FL 33408</b>
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>Vinas, Theresa</b>
4.3 STREET ADDRESS	<b>50 S. Harbour Drive</b>
4.4 CITY-ST-ZIP	<b>Ocean Ridge, FL 33435</b>
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>Lambrecht, Nancy</b>
5.3 STREET ADDRESS	<b>3067 Mainsail Circle</b>
5.4 CITY-ST-ZIP	<b>Jupiter, FL 33477</b>
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	<b>McCormick, Laura</b>
6.3 STREET ADDRESS	<b>744 Sea Sage Drive</b>
6.4 CITY-ST-ZIP	<b>Delray Beach, FL 33483</b>

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: *Sandra B. Mortham* 2/10/98 15201796-7551

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