

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 14, 2001 8:00 am**  
**Secretary of State**

08-14-2001 90005 013 \*\*\*\*61.25

<b>DOCUMENT # N18370</b>			
1. Entity Name <b>PALM BEACH COUNTY MEDICAL SOCIETY ALLIANCE FOUND</b>			
Principal Place of Business <b>3540 FOREST HILL BLVD. WEST PALM BEACH FL 33406</b> <i>Same</i>		Mailing Address <b>3540 FOREST HILL BLVD. WEST PALM BEACH FL 33406</b>	
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number <b>65-0148875</b>		Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>WILES, TENNA 3540 FOREST HILL BLVD. WEST PALM BEACH FL 33406</b>		7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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.  SIGNATURE <i>Laura Seitz</i> <b>7/01/01</b> <small>Signature, typed or printed name of registered agent and title, applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW: FEE IS \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make Check Payable to Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LEWENTA, LILA 971 CYPRESS DRIVE DELRAY BEACH FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Barbara Egitto <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5796 Knapwood Rd PBC FL 33418
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LAGRANGE, JUDITH 103 LEXINGTON DRIVE ROYAL PALM BEACH FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T. Laura Seitz Annette Baine <input type="checkbox"/> Change <input type="checkbox"/> Addition 3168 Fleming Ln Dr. Delray Beach
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PE XAVIER, ROSEMARY 748 LAKESIDE DRIVE NORTH PALM BEACH FL 33408 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT Laura Seitz <input type="checkbox"/> Change <input type="checkbox"/> Addition 2646 Cypress Edge Dr. Ltn WOOD FL 33401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VINAS, THERESA 50 S HARBOUR DR OCEAN RIDGE FL 33435 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAMBRECHT, NANCY 3067 MAINSAIL CIR JUPITER FL 33477 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCCORMICK, LAURA 744 SEA SAGE DRIVE DELRAY BEACH FL 33483 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I 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 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:

*Laura Seitz*  
 SIGNATURE

**7/01/01**

**56-439-243**

CR2E037 (10/00)