

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2002 8:00 am
Secretary of State

04-09-2002 90049 037 ****61.25

0032441

DOCUMENT # N18370

1. Entity Name

PALM BEACH COUNTY MEDICAL SOCIETY ALLIANCE FOUNDATION INC.

Principal Place of Business
 3540 FOREST HILL BLVD.
 WEST PALM BEACH FL 33406

Mailing Address
 3540 FOREST HILL BLVD.
 WEST PALM BEACH FL 33406

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0148875

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WILES, TENNA
3540 FOREST HILL BLVD.
WEST PALM BEACH FL 33406

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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 *X*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$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	P	<input type="checkbox"/> Delete
NAME	EGITTO, BARBARA	
STREET ADDRESS	5796 HADSTUCK ROAD	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33418	
TITLE	VP	<input type="checkbox"/> Delete
NAME	LAGRANGE, JUDITH	
STREET ADDRESS	109 LEXINGTON DRIVE	
CITY-ST-ZIP	WEST PALM BEACH FL 33411	
TITLE	Director	<input type="checkbox"/> Delete
NAME	XAVIER, ROSEMARY	
STREET ADDRESS	748 LAKESIDE DRIVE	
CITY-ST-ZIP	NORTH PALM BEACH FL 33408	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	VINAS, THERESA	
STREET ADDRESS	50 S HARBOUR DR	
CITY-ST-ZIP	OCEAN RIDGE FL 33435	
TITLE	Director	<input type="checkbox"/> Delete
NAME	LAMBRECHT, NANCY	
STREET ADDRESS	3067 MAINSAIL CIR	
CITY-ST-ZIP	JUPITER FL 33477	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MCCORMICK, LAURA	
STREET ADDRESS	744 SEA SAGE DRIVE	
CITY-ST-ZIP	DELRAY BEACH FL 33483	

TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Karen Abis	
STREET ADDRESS	14204 Paradise Point Rd.	
CITY-ST-ZIP	Palm Beach Gardens, FL 33410	
TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Annette Baine	
STREET ADDRESS	3168 Harrington Drive	
CITY-ST-ZIP	Boca Raton, FL 33496	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Signature Required

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/27/02 (561) 997-9788

Date

Daytime Phone #

CR2E037 (9/01)