

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N18370

FILED
Apr 24, 2006
Secretary of State

Entity Name: PALM BEACH COUNTY MEDICAL SOCIETY ALLIANCE FOUNDATION INC.

Current Principal Place of Business:

3540 FOREST HILL BLVD.
WEST PALM BEACH, FL 33406

New Principal Place of Business:

Current Mailing Address:

3540 FOREST HILL BLVD.
WEST PALM BEACH, FL 33406

New Mailing Address:

FEI Number: 65-0148875

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HIGGINS, MARY JO
3540 FOREST HILL BLVD.
WEST PALM BEACH, FL 33406 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: EGITTO, BARBARA
Address: 5796 LADY LUCK ROAD
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: D () Delete
Name: XAVIER, ROSEMARY
Address: 748 LAKESIDE DRIVE
City-St-Zip: NORTH PALM BEACH, FL 33408

Title: T () Delete
Name: HIGGINS, MARY JO
Address: 106 ATLANTIC ROAD
City-St-Zip: NORTH PALM BEACH, FL 33408

Title: S () Delete
Name: NIELSEN, KAREN
Address: 2444 NEEDHAM COURT
City-St-Zip: DELRAY BEACH, FL 33445

Title: D () Delete
Name: BAINE, ANNETTE
Address: 10351 TRIANON PLACE
City-St-Zip: WELLINGTON, FL 33467

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: P () Change (X) Addition
Name: GORMAN, LISSETTE
Address: 19202 BLACK MANGROVE COURT
City-St-Zip: BOCA RATON, FL 33498

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARY JO HIGGINS

T

04/24/2006

Electronic Signature of Signing Officer or Director

Date