2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N18370

FILED Feb 15, 2011 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business:

3540 FOREST HILL BLVD. WEST PALM BEACH, FL 33406

Current Mailing Address: New Mailing Address:

US

3540 FOREST HILL BLVD. WEST PALM BEACH, FL 33406

FEI Number: 65-0148875 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

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

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: S

Name: EGITTO, BARBARA Address: 5796 LADY LUCK ROAD

City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: F

Name: XAVIER, ROSEMARY Address: 748 LAKESIDE DRIVE

City-St-Zip: NORTH PALM BEACH, FL 33408

Title:

Name: HIGGINS, MARY JO Address: 106 ATLANTIC ROAD

City-St-Zip: NORTH PALM BEACH, FL 33408

Title:

Name: ABIS, KAREN Address: 1111 SINGER DR

City-St-Zip: SINGER ISLAND, FL 33404

Title: VP

Name: BAINE, ANNETTE
Address: 10351 TRIANON PLACE
City-St-Zip: WELLINGTON, FL 33467

Title: F

Name: GORMAN, LISSETTE

Address: 19202 BLACK MANGROVE COURT

City-St-Zip: BOCA RATON, FL 33498

I hereby 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 all other like empowered.

SIGNATURE: MARY JO HIGGINS MRS. 02/15/2011