

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N18370

1. Corporation 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

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT 2003



11/18/03 01001 026 \$175.00  
10/06/03 01072 001 \$61.25

4. Date Incorporated or Qualified  
To Do Business in Florida

12/19/1986

5. FEI Number

65-0148875

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
<del>Director</del>	<del>EGITO, BARBARA</del>	5796 LADY LUCK ROAD	PALM BEACH GARDENS FL 33418
<del>Director</del>	LAGRANGE, JUDITH	7754 CANNON BALL RD	PALM BEACH GARDENS FL 33412
D	XAVIER, ROSEMARY	748 LAKESIDE DRIVE	NORTH PALM BEACH FL 33408
<del>X</del>	ABIS, KAREN	11204 PARADISE POINT RD	PALM BEACH GARDENS FL 33410
<del>X</del>	<del>LAMBERT, KATHY</del>	<del>3806 MANSALE CIR</del>	<del>JUPITER FL 33477</del>
<del>X</del>	Karen Nielsen	2444 Needham Court	Delray Beach, Fl 33483
<del>X</del>	BAINE, ANNETTE	8168 WARRINGTON DRIVE	BOCA RATON FL 33496
		10351 Trianon Place	Wellington, Fl 33467

8. Name and Address of Current Registered Agent

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

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of  
Registered Agent

Annette Baine  
REGISTERED AGENT MUST SIGN

Date 11/15/03

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/05/03

Date

Daytime Phone #

(561) 844-6494

CR2E040 (7/03)