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Apr 25 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1997**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N26535** **(7)**

1. Corporation Name

BREAST CENTER OF THE PALM BEACHES, INC.

Principal Place of Business	Mailing Address
4700 NORTH CONGRESS SUITE 203 W. PALM BEACH FL 33407 US	4700 NORTH CONGRESS SUITE 203 W. PALM BEACH FL 33407 US

3. Date Incorporated or Qualified: 05/23/1988
3a. Date of Last Report: 08/05/1996

2. Principal Place of Business	2a. Mailing Address
21 2151 45th STREET	26 2151 45th STREET
Suite, Apt. #, etc. 22 # 208	Suite, Apt. #, etc. 27 # 208
City & State 23 WEST PALM BEACH, FL	City & State 28 WEST PALM BEACH, FL.
Zip 24 33407 Country 25 PALM BEACH	Zip 29 33407 Country 30 PALM BEACH

4. FEI Number: 65-0075293 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
GARDNER, LORETTA 3100 N. FLAGLER DR. W. PALM BEACH, FL 33407	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	GARDNER, LORETTA		1.2 NAME	
STREET ADDRESS	3100 N. FLAGLER DR.		1.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL 33407		1.4 CITY-ST-ZIP	
TITLE	VD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	GARDNER, ROBERT		2.2 NAME	
STREET ADDRESS	3100 N. FLAGLER DR.		2.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL 33407		2.4 CITY-ST-ZIP	
TITLE	STD	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	NORTH, JASON		3.2 NAME	
STREET ADDRESS	917 N. FLAGLER DR., SUITE 307		3.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BCH FL		3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E037 (9/96)

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.