


**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Mar 04, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # N26535**  
1. Entity Name  
**ROBERT A. GARDNER M. D. FOUNDATION, INC.**



Principal Place of Business      Mailing Address  
**2151 45TH STREET  
SUITE 208  
W. PALM BEACH FL 33407  
US**      **2151 45TH STREET  
SUITE 208  
W. PALM BEACH FL 33407  
US**

2. Principal Place of Business      3. Mailing Address  
Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country



1st MOORE      CR2E037 (10/04)

4. FEI Number      Applied For  
**65-0075293**      Not Applicable

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

6. Name and Address of Current Registered Agent  
**POSNER, MICHAEL J  
4420 BEACON CIRCLE  
SUITE #100  
W. PALM BEACH, FL 33407**

7. Name and Address of New Registered Agent  
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. I am familiar with, and accept the obligations of registered agent.

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

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution.            **\$5.00 May Be Added to Fees**

**Make Check Payable to  
Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE	PD	<input type="checkbox"/> Delete
NAME	WARD, PHILIP H III	
STREET ADDRESS	% 4420 BEACON CIRCLE, SUITE #100	
CITY-ST-ZIP	W. PALM BEACH FL 33407	
TITLE	D	<input type="checkbox"/> Delete
NAME	PHILIP, WARD H 111	
STREET ADDRESS	4420 BEACON CIR STE 100	
CITY-ST-ZIP	WPB FL 33407	
TITLE	D	<input type="checkbox"/> Delete
NAME	GARDNER, ROBERT	
STREET ADDRESS	2625 NORTH FLAGLER DR.	
CITY-ST-ZIP	W. PALM BEACH FL 33407	
TITLE	D	<input type="checkbox"/> Delete
NAME	GARDNER, ROBER	
STREET ADDRESS	2625 N FLAGLER DR	
CITY-ST-ZIP	WPB FL 33401	
TITLE	D	<input type="checkbox"/> Delete
NAME	GARDNER, LORETTA	
STREET ADDRESS	2625 N. FLAGLER DR.	
CITY-ST-ZIP	WPB FL 33407	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

U00000251642  
03/04/05-80059-016 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Robert Gardner / **ROBERT GARDNER**      2-28-05      (561) 887-9100  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #