2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 02, 2009
Secretary of State

DOCUMENT# N26535

Entity Name: ROBERT A. GARDNER M. D. FOUNDATION, INC.

Current Principal Place of Business:

2151 45TH STREET
SUITE 208
W. PALM BEACH, FL 33407 US

New Principal Place of Business:

Current Mailing Address:

2151 45TH STREET
SUITE 208
W. PALM BEACH, FL 33407 US

New Mailing Address:

FEI Number: 65-0075293 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

POSNER, MICHAEL J
4420 BEACON CIRCLE
SUITE #100
W. PALM BEACH,, FL 33407 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: PD ( ) Delete
Name: WARD, PHILIP H III
Address: % 4420 BEACON CIRCLE, SUITE #100
City-St-Zip: W. PALM BEACH, FL 33407 US

Title: D ( ) Delete
Name: PHILIP, WARD H 111
Address: 4420 BEACON CIR STE 100
City-St-Zip: WPB, FL 33407

Title: D ( ) Delete
Name: GARDNER, ROBERT
Address: 2151 45TH STREET SUITE 208
City-St-Zip: W. PALM BEACH, FL 33407 US

Title: D ( ) Delete
Name: GARDNER, ROBERT
Address: 2151 45TH STREET, SUITE 208
City-St-Zip: WPB, FL 33407

Title: D ( ) Delete
Name: GARDNER, LORETTA
Address: 2151 45TH STREET, SUITE 208
City-St-Zip: WPB, FL 33407

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:

I hereby certify that the information supplied with this filing does not qualify 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: PHILIP WARD D 03/02/2009

Electronic Signature of Signing Officer or Director — Date