


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 13, 2005 8:00 am
Secretary of State

05-13-2005 90227 027 ****61.25

DOCUMENT # N44488 1. Entity Name ACCESS PALM BEACH COUNTY, INC. <i>Palm Beach County Community Health Alliance, Inc.</i>					
Principal Place of Business 3540 FOREST HILL BLVD., STE 101 WEST PALM BEACH, FL 33406 US			Mailing Address 3540 FOREST HILL BLVD., STE 101 WEST PALM BEACH, FL 33406 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
				Country	
6. Name and Address of Current Registered Agent CORBETT, JEANNETTE M 505 S FLAGLER DRIVE STE 220 WEST PALM BEACH, FL 33401				7. Name and Address of New Registered Agent Name <i>Tenna Wiles</i> Street Address (P.O. Box Number is Not Acceptable) <i>3540 Ft. Hill Blvd., Suite 101</i> City <i>West Palm Beach</i> FL Zip Code <i>33406</i>	
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 <i>Tenna Wiles</i> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
Filing Fee is \$61.25 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE	CD	<input checked="" type="checkbox"/> Delete	TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CORBETT, JEANNETTE M		NAME	Tenna Wiles	
STREET ADDRESS	505 S FLAGLER DR STE 220		STREET ADDRESS	3540 Ft. Hill Blvd., Ste 101	
CITY-ST-ZIP	WEST PALM BEACH, FL 33401		CITY-ST-ZIP	West Palm Beach, FL 33406	
TITLE	SD	<input type="checkbox"/> Delete	TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TAMARKIN, BUD		NAME	Marilyn Parker	
STREET ADDRESS	826 EVERNIA STREET		STREET ADDRESS	Florida Atlantic University	
CITY-ST-ZIP	WEST PALM BEACH, FL 33401		CITY-ST-ZIP	777 Glades Rd Boca Raton, FL 33431	
TITLE	V	<input type="checkbox"/> Delete	TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BLUDAU, JUREGEN		NAME	Andrea Stephens	
STREET ADDRESS	4847 FRED GLADSTON DR.		STREET ADDRESS	406 E. Dr. Martin Luther King	
CITY-ST-ZIP	WEST PALM BEACH, FL 33417		CITY-ST-ZIP	Belle Glade, FL 33430	
TITLE	D	<input type="checkbox"/> Delete	TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MALECKI, JEAN M		NAME	Lance Delaruelle	
STREET ADDRESS	826 EVERNING ST		STREET ADDRESS	2815 S. Seacrest Blvd.	
CITY-ST-ZIP	WEST PALM BEACH, FL 33401		CITY-ST-ZIP	Boynton Beach, FL 33435	
TITLE	T	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TAMARKIN, BUD		NAME		
STREET ADDRESS	826 EVERNIA ST.		STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH, FL 33401		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I 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 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: <i>Tenna Wiles</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date Daytime Phone #					

50052424



05052005 Chg-NP CR2E037 (10/03)

4. FEI Number
65-0291166

Applied For
Not Applicable

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

Filing Fee is \$61.25
Due by September 7, 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	CD	<input checked="" type="checkbox"/> Delete
NAME	CORBETT, JEANNETTE M	
STREET ADDRESS	505 S FLAGLER DR STE 220	
CITY-ST-ZIP	WEST PALM BEACH, FL 33401	
TITLE	SD	<input type="checkbox"/> Delete
NAME	TAMARKIN, BUD	
STREET ADDRESS	826 EVERNIA STREET	
CITY-ST-ZIP	WEST PALM BEACH, FL 33401	
TITLE	V	<input type="checkbox"/> Delete
NAME	BLUDAU, JUREGEN	
STREET ADDRESS	4847 FRED GLADSTON DR.	
CITY-ST-ZIP	WEST PALM BEACH, FL 33417	
TITLE	D	<input type="checkbox"/> Delete
NAME	MALECKI, JEAN M	
STREET ADDRESS	826 EVERNING ST	
CITY-ST-ZIP	WEST PALM BEACH, FL 33401	
TITLE	T	<input type="checkbox"/> Delete
NAME	TAMARKIN, BUD	
STREET ADDRESS	826 EVERNIA ST.	
CITY-ST-ZIP	WEST PALM BEACH, FL 33401	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Tenna Wiles	
STREET ADDRESS	3540 Ft. Hill Blvd., Ste 101	
CITY-ST-ZIP	West Palm Beach, FL 33406	
TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Marilyn Parker	
STREET ADDRESS	Florida Atlantic University	
CITY-ST-ZIP	777 Glades Rd Boca Raton, FL 33431	
TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Andrea Stephens	
STREET ADDRESS	406 E. Dr. Martin Luther King	
CITY-ST-ZIP	Belle Glade, FL 33430	
TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Lance Delaruelle	
STREET ADDRESS	2815 S. Seacrest Blvd.	
CITY-ST-ZIP	Boynton Beach, FL 33435	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

SIGNATURE: *Tenna Wiles*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

Safeguarding quality health care for our community

ATTACHMENT

N44488
50022424

ARTICLES OF AMENDMENT

to

ARTICLES OF INCORPORATION

of

ACCESS PALM BEACH COUNTY, INC.

Ivy Faske, M.D.

President

Mark Rubenstein, M.D.

President-Elect

Jose F. Arrascue, M.D.

First Vice President

Daniel Higgins, M.D.

Second Vice President

Maureen Whelihan, M.D.

Secretary

William Ludwig, M.D.

Treasurer

Stuart B. Himmelstein, M.D.

Immediate Past President

Tenna Wiles

Executive Director

Pursuant to the provisions of section 617.1001, Florida Statutes, the undersigned Corporation adopts the following articles of amendment to its articles of incorporation.

FIRST: Article I of the Articles of Incorporation of the Corporation shall be replaced in its entirety and the following shall be substituted in lieu thereof:

ARTICLE I

NAME OF CORPORATION

The name of the corporation shall be Palm Beach County Community Health Alliance, Inc. (the "Corporation"). Its principal office and mailing address is c/o Palm Beach Medical Society, 3540 Forest Hill Boulevard, Suite 101, West Palm Beach, Florida 33406, or such other location in Palm Beach County, Florida as the Board of Directors may determine.

SECOND: The date of adoption of the amendment was: April 28, 2005.

THIRD: The amendment was adopted by the directors of the Corporation and the number of votes cast for the amendment was sufficient for approval. There are no members of the Corporation and thus no member approval was required.

ACCESS PALM BEACH COUNTY, INC.

By: Tenna Wiles
Name: Tenna Wiles
Its: Chair
Date: 5/10/05