


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 24, 2006 8:00 am**  
**Secretary of State**

02-24-2006 90016 030 \*\*\*\*61.25

<b>DOCUMENT # N44488</b> 1. Entity Name <b>PALM BEACH COUNTY COMMUNITY HEALTH ALLIANCE, INC.</b>					
Principal Place of Business <b>3540 FOREST HILL BLVD., STE 101 WEST PALM BEACH, FL 33406 US</b>			Mailing Address <b>3540 FOREST HILL BLVD., STE 101 WEST PALM BEACH, FL 33406 US</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>65-0291166</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>WILES, TENNA 3540 FT HILL BLVD., STE 101 WEST PALM BEACH, FL 33406</b>			Name  Street Address (P.O. Box Number is Not Acceptable)  City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 <u>X Tenna Wiles</u> <span style="float: right;">2/17/06</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PARKER, MARILYN		NAME		
STREET ADDRESS	777 GLADES RD		STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON, FL 33431		CITY-ST-ZIP		
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	TAMARKIN, BUD		NAME	S Andrea Stephenson	
STREET ADDRESS	826 EVERNIA STREET		STREET ADDRESS	406 E. Martin Luther King Blvd, #R3	
CITY-ST-ZIP	WEST PALM BEACH, FL 33401		CITY-ST-ZIP	Belle Glade, FL 33430	
TITLE	V	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BLUDAU, JUREGEN		NAME		
STREET ADDRESS	4847 FRED GLADSTON DR.		STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH, FL 33417		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MALECKI, JEAN M		NAME		
STREET ADDRESS	826 EVERNING ST		STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH, FL 33401		CITY-ST-ZIP		
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	TAMARKIN, BUD		NAME	T Lance DeLaruelle	
STREET ADDRESS	826 EVERNIA ST.		STREET ADDRESS	3800 S. Congress Ave., Ste. 7	
CITY-ST-ZIP	WEST PALM BEACH, FL 33401		CITY-ST-ZIP	Boynton Beach, FL 33426	
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	WILES, TENNA		NAME	D Paul Giannfranco	
STREET ADDRESS	3540 FT HILL BLVD., STE 101		STREET ADDRESS	3540 Ft. Hill Blvd, Ste 101	
CITY-ST-ZIP	WEST PALM BEACH, FL 33406		CITY-ST-ZIP	West Palm Beach, FL 33406	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u>RCE Tenna Wiles</u> <span style="float: right;">2/17/06</span> <span style="float: right;">561-963-7377</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					