03-26-2007 90065 033 ****61.25

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
07 APR 10 PM 1:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N44488

1. Entity Name
PALM BEACH COUNTY COMMUNITY HEALTH ALLIANCE, INC.

Principal Place of Business	Mailing Address
3540 FOREST HILL BLVD., STE 101 WEST PALM BEACH, FL 33406 US	3540 FOREST HILL BLVD., STE 101 WEST PALM BEACH, FL 33406 US

01082007 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
901 Northpoint PKWY	901 Northpoint PKWY
Suite, Apt. #, etc.: Suite 109	Suite, Apt. #, etc.: Suite 109
City & State: West Palm Beach	City & State: West Palm Beach
Zip: 33407 Country: Palm Beach	Zip: 33407 Country: Palm Beach

4. FEI Number 65-0291166 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
WILES, TENNA 3540 FT HILL BLVD., STE 101 WEST PALM BEACH, FL 33406	Name: Marilyn Parker Street Address (P.O. Box Number is Not Acceptable): 777 Glades Road City: Boca Raton FL Zip Code: 33431

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: Marilyn E. Parker 3/23/07
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 May 1, 2007

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP PARKER, MARILYN 777 GLADES RD BOCA RATON, FL 33431	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P Parker, Marilyn 777 Glades Road Boca Raton, FL 33431	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S STEPHENSON, ANDREW 406 E MARTIN LUTHER KING BLVD 103 BELLE GLADE, FL 33430	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP Stephenson, Andrea 406E Martin Luther King Blvd 103 Belle Glade, FL 33403	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GIENFRIDDE, PAUL 3540 H HILL BLVD STE 101 WEST PALM BEACH, FL 33406	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T Dick, Lynn 5301 S. Congress Ave Atlantis, FL 33462	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T DELARUELLE, LANCE 3800 S CONGRESS AVE STE 7 BOYNTON BEACH, FL 33426	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S Delaruelle, Lance 3800 Congress Ave Suite 7 Boynton Beach, FL 33426	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P WILES, TENNA 3540 FT HILL BLVD., STE 101 WEST PALM BEACH, FL 33406	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	M Wiles, Tenna 3540 Ft. Hill Blvd #101 West Palm Beach, FL 33406	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	4/4/11	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	M Olmedo, Robert 901 Northpoint PKWY Ste 109 West Palm Beach, FL 33407	☐ Change ☑ Addition

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: Marilyn E. Parker 3/23/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #