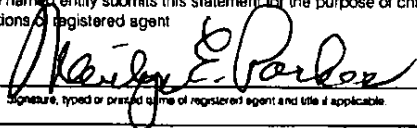
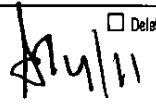


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
07 APR 10 PM 1:54
STATE
FLORIDA

DOCUMENT # N44488			
1. Entity Name PALM BEACH COUNTY COMMUNITY HEALTH ALLIANCE, INC.			
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 - No P.O. Box # 901 Northpoint Pkwy		3. Mailing Address 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 WILES, TENNA 3540 FT HILL BLVD., STE 101 WEST PALM BEACH, FL 33406		7. Name and Address of New Registered Agent 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  DATE 3/23/07 (NOTE: Registered Agent signature required when reinstating)			
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, Andrew 406 E Martin Luther King Blvd 103 Belle Glade, FL 33430 ☒ 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	 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	M Almedo, 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: 		DATE: 3/23/07	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	