

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N44488

FILED
Mar 21, 2011
Secretary of State

Entity Name: HEALTH NETWORK OF THE PALM BEACHES, INC.

Current Principal Place of Business:

3540 FOREST HILL BLVD
SUITE 101
WEST PALM BEACH, FL 33406 US

New Principal Place of Business:

Current Mailing Address:

3540 FOREST HILL BLVD
SUITE 101
WEST PALM BEACH, FL 33406 US

New Mailing Address:

FEI Number: 65-0291166

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MONAGHAN, TIMOTHY E
54 NE FOURTH AVENUE
54 NE FOURTH AVENUE, FL 33483 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: P
Name: MONAGHAN, TIMOTHY E
Address: 54 NE FOURTH AVENUE
City-St-Zip: 54 NE FOURTH AVENUE, FL 33483 US

Title: VP
Name: WILES, TENNA
Address: 3540 FOREST HILL BLVD. SUITE 101
City-St-Zip: WEST PALM BEACH, FL 33406 US

Title: TREA
Name: DURHAM, LESLIE
Address: 2815 S SEACREST BLVD
City-St-Zip: BOYNTON BEACH, FL 33435 US

Title: D
Name: LEGENOS, TRACY
Address: 324 DATURA ST, SUITE 401
City-St-Zip: WEST PALM BEACH, FL 33401 US

Title: SEC
Name: BONNET, YOLETTE
Address: 2300 S. CONGRESS AVE.
City-St-Zip: WEST PALM BEACH, FL 33406

I hereby 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 all other like empowered.

SIGNATURE: TENNA WILES

VP

03/21/2011

Electronic Signature of Signing Officer or Director

Date