

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2001 8:00 am
Secretary of State

05-17-2001 90370 003 ****61.25

DOCUMENT # N47682

1. Entity Name

MATERNAL CHILD FAMILY HEALTH ALLIANCE OF PALM BE

- 550748



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

2715 N AUSTRALIAN AVE
 SUITE 101
 WEST PALM BEACH FL 33407
 US

2715 N AUSTRALIAN AVE
 SUITE 101
 WEST PALM BEACH FL 33407
 US

2. Principal Place of Business

3. Mailing Address

3003 S. CONGRESS AVE.

3003 S. CONGRESS AVE.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Ste - 2-F

Ste - 2-F

City & State

City & State

PALM SPRINGS, FL

PALM SPRINGS, FL

Zip

Country

Zip

Country

33461

U.S.A.

33461

U.S.A.

4. FEI Number

65-0327765

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

TAYLOR, PATRICIA I ESQ
73 S.W. FLAGLER AVENUE
STUART FL 34994

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete
 NAME **EBBOLE, TANA**
 STREET ADDRESS **1919 N. FLAGLER DRIVE**
 CITY-ST-ZIP **WEST PALM BEACH FL 33401**

TITLE **DS** ☒ Change ☐ Addition
 NAME **EBBOLE, TANA**
 STREET ADDRESS **1919 FLAGLER DRIVE**
 CITY-ST-ZIP **WEST PALM BEACH, FL 33401**

TITLE **SD** ☐ Delete
 NAME **FINK, HANNA**
 STREET ADDRESS **2101 W. COMMERCIAL BLVD., STE. 1100 A**
 CITY-ST-ZIP **FT. LAUDERDALE FL**

TITLE **VPD** ☒ Change ☐ Addition
 NAME **FINK, HANNA**
 STREET ADDRESS **1001 WEST CYPRUS CREEK Rd., STE 110**
 CITY-ST-ZIP **FT. LAUDERDALE FL 33309**

TITLE **PD** ☒ Delete
 NAME **FAQUIR, MARY**
 STREET ADDRESS **6911 CARISSA CIRCLE**
 CITY-ST-ZIP **LAKE CLARKE SHORES FL 33406**

TITLE **PDC** ☐ Change ☒ Addition
 NAME **ALPERN, DIANE Ph. D.**
 STREET ADDRESS **777 GLADES ROAD - ADM 307**
 CITY-ST-ZIP **BOCA RATON, FL 33431**

TITLE **VPD** ☒ Delete
 NAME **MCCRAY, BARBARA**
 STREET ADDRESS **2000 PRESIDENTIAL WAY #803**
 CITY-ST-ZIP **WEST PALM BEACH FL 33401**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **TD** ☐ Delete
 NAME **PALMER, TANYA**
 STREET ADDRESS **324 DATURA ST., STUJE 401**
 CITY-ST-ZIP **WEST PALM BEACH FL 33401**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APRIL 27, 2001 (561)434-2700

CR2E037 (10/00)