FILED **2002 UNIFORM BUSINESS REPORT (UBR)** Apr 29, 2002 8:00 am Secretary of State DOCUMENT # **N47682** 1. Entity Name 04-29-2002 90017 048 ****61.25 MATERNAL CHILD FAMILY HEALTH ALLIANCE OF PALM BE ACH COUNTY, INC. Principal Place of Business Mailing Address 3003 S CONGRESS AVENUE 3003 S CONGRESS AVENUE SUITE 2-F SUITE 2-F PALM SPRINGS FL 33461 PALM SPRINGS FL 33461 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0327765 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent FORCIVIA Street Address (P.O. Box Number is Not Acceptable) TÄYLOR. PATRICIA I ESQ **73 S.W. FLAGLER AVENUE** STUART FL 34994 ^{Zip Code} **334**07 8. The abige named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida. SIGNATURE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be Make Check Payable to FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE DS . (9/01)Delete TITLE Change Addition NAME EBBOLE, TANA NAME STREET ADDRESS STREET ADDRESS 1919 N. FLAGLER DRIVE CITY-ST-ZIP CITY-ST-ZIP WEST PALM BEACH FL 33401 TITLE **VPD** TITLE □ Delete Change ☐ Addition NAME FINK, HANNA NAME STREET ADDRESS 1001-WEST-CYPRUS CREEK-ROAD-STE-110 STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE FL 33309 CITY-ST-ZIP TD TITLE ☐ Delete ☐ Change Addition NAME Palmer, Tanya NAM STREET ADDRESS STREET ADDRESS 324 DATURA ST., STUIE 401 CITY-ST-7IP CITY-ST-ZIP WEST PALM BEACH FL 33401 ☐ Delete П Спапое ☐ Addition NAME alpern. Diane PH. D 777 GLADES ROAD -ADM 307 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33431** ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME

12. 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 with an address, with all other like empowered changed, or on an attac

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE

STREET ADDRESS

CITY-ST-ZIP

4/10/02 (561)434-2700

Chrient

Maternal Child Family Health Alliance 2002 Uniform Business Report (UBR) Document #N47682

Box 6

Name & Address of Current Registered Agent

Taylor, Patricia I. Esq. 73 SW Flagler Avenue Stuart, FL 34994

Box 7

Name & Address of New registered Agent

Torcivia, Glen J. P.A.

701 Northpoint Parkway, Suite 209 West Palm Beach, FL 33407

Box 10

Title:

D/S

Delete

Name:

Ebbole, Tana

Address:

1919 N. Flagler Drive

City-St-Zip:

West Palm Beach, FL 33401

Title:

T/D

Delete

Name:

Palmer, Tanya

Address: City-St-Zip: 324 Datura St., Ste. 401

West Palm Beach, Fl 33401

M/D

Name: Address:

Title:

City-St-Zip:

<u>Box 11</u>

Title:

Name:

Title:

Name:

Address:

City-St-Zip:

D/S

Moore-Williams, Autrie

Address: City-St-Zip: 401 Southeast 2nd Street

Belle Glade, FL 33430

T/D

Change

Addition

Change

Nicholson, Jacqueline 800 Meadows Road

Boca Raton, FL 33486

Penny Westberry

4301 N. Ocean Blvd., A-1602 Boca Raton, FL 33431