

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90201 031 ****61.25

0040512

DOCUMENT # N47682

1. Entity Name

MATERNAL CHILD FAMILY HEALTH ALLIANCE OF PALM BEACH COUNTY, INC.



Principal Place of Business

**3003 S CONGRESS AVENUE
SUITE 2-F
PALM SPRINGS FL 33461
US**

Mailing Address

**3003 S CONGRESS AVENUE
SUITE 2-F
PALM SPRINGS FL 33461
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0327765**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**TORCIVIA, GLEN J PA
701 NORTH POINT PARKWAY
SUITE 209
WEST PALM BEACH FL 33407**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **DS** ☐ Delete
NAME **MOORE, WILLIAM A**
STREET ADDRESS **401 SOUTHEAST 2ND STREET**
CITY-ST-ZIP **BELLE GLADE FL 33430**

TITLE **VPD** ☐ Delete
NAME **FINK, HANNA**
STREET ADDRESS **1001 WEST CYPRUS CREEK ROAD STE 110**
CITY-ST-ZIP **FORT LAUDERDALE FL 33309**

TITLE **TD** ☐ Delete
NAME **NICHOLSON, JACQUELINE**
STREET ADDRESS **800 MEADOWS ROAD**
CITY-ST-ZIP **BOCA RATON FL 33486**

TITLE **PDC** ☐ Delete
NAME **ALPERN, DIANE PH, D**
STREET ADDRESS **777 GLADES ROAD -ADM 307**
CITY-ST-ZIP **BOCA RATON FL 33431**

TITLE **MD** ☐ Delete
NAME **WESTBERRY, PENNY**
STREET ADDRESS **4301 N. OCEAN BLVD., A-1602**
CITY-ST-ZIP **BOCA RATON FL 33431**

TITLE **RA** ☐ Delete
NAME **PATRICIA, TAYLOR I ESQ**
STREET ADDRESS **73 SW FLAGLER AVENUE**
CITY-ST-ZIP **STUART FL 34994**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

TITLE ☐ Change ☐ Addition
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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/03

Date

**561-
434-2700**

Daytime Phone #

CR2E037 (10/02)

ATTACHMENT

80106755
N47682

Maternal Child Family Health Alliance
2003 Uniform Business Report (UBR)
Document #N47682

Box 10

Title: RA Delete
Name: Taylor, Patricia
Address : 73 SW Flagler Avenue
City-St-Zip: Stuart, FL 34994

Title: MD Delete
Name: Westberry, Penny
Address: 4301 N. Ocean Blvd. A-1602
City-St-Zip: Boca Raton, FL 33431

Title: P/D/C Delete
Name: Alperin, Diane PhD.
Address: 777 Glades Road
City-St-Zip: Boca Raton, FL 33431

Box 11

Title: MD Addition
Name: Parsons, Bruce
Address: 13853 Geranium Place
City-St-Zip: Wellington, FL 33414

Title: T/D Addition
Name: Wisneski, Donna
Address: 505 South Flagler Drive, Ste. 900
City-St-Zip: West Palm Beach, FL 33401

Title: P/D/C Change
Name: Fink, Hanna J.L.
Address: 1001 West Cypress Ck. Rd. Ste. 110
City-St-Zip: Ft. Lauderdale, FL 33309

Title: VP/D Change
Name: Nicholson, Jacqueline
Address: 800 Meadows Road
City-St-Zip: Boca Raton, FL 33486