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FILED

Jan 21 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N93000005349 (6)

1. Corporation Name

THE PALM BEACH CENTER FOR LIVING, INC.



Principal Place of Business

Mailing Address

321 NORTHLAKE BLVD
STE 103-105
N. PALM BEACH FL 33408
US321 N LAKE BLVD
STE 103-105
N. PALM BEACH FL 33408
US3. Date Incorporated or Qualified
11/19/19933a. Date of Last Report
01/25/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip Country

29 Zip Country

4. FEI Number
65-0451002Applied For
Not Applicable5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution ☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MCGINNIS, CHARLOTTE
378-1 PRESTWICK CR.
PALM BEACH GARDENS FL 33418

81 Name

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

83

84 City

FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DC ☐ DELETE
NAME MCGINNIS, CHARLOTTE
STREET ADDRESS 378-1 PRESTWICK CR.
CITY-ST-ZIP PALM BEACH GARDENS FLTITLE D ☐ DELETE
NAME PARSONS, JOSEPH
STREET ADDRESS 6093 OLD CT RD, SE 241
CITY-ST-ZIP BOCA RATON FLTITLE D ☐ DELETE
NAME LARKIE, JO
STREET ADDRESS 215 MONCEAUX RD
CITY-ST-ZIP W PALM BCH FLTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Director ☐ Change ☒ Addition
1.2 NAME Thomas Bills
1.3 STREET ADDRESS 321 Northlake Blvd
1.4 CITY-ST-ZIP North Palm Beach, FL. 334082.1 TITLE Director ☐ Change ☒ Addition
2.2 NAME Mary Percival
2.3 STREET ADDRESS 102 Lakeshore Dr
2.4 CITY-ST-ZIP North Palm Beach, FL. 334083.1 TITLE Director ☐ Change ☒ Addition
3.2 NAME Marc Weinberg, DC
3.3 STREET ADDRESS 421 Northlake Blvd
3.4 CITY-ST-ZIP North Palm Beach, FL. 334084.1 TITLE Director ☐ Change ☒ Addition
4.2 NAME Dr. Val Wynne
4.3 STREET ADDRESS 1121 North Lakeside Dr
4.4 CITY-ST-ZIP Lake Worth, FL. 334605.1 TITLE Director ☐ Change ☒ Addition
5.2 NAME Nancy Wayne
5.3 STREET ADDRESS 12775 Newton Pl.
5.4 CITY-ST-ZIP West Palm Beach, FL. 334146.1 TITLE Director ☐ Change ☒ Addition
6.2 NAME Marilyn Camacho
6.3 STREET ADDRESS 444 Coconut Row
6.4 CITY-ST-ZIP Palm Beach, FL. 33480

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0078632

CR2E037 (9/96)