

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

**FILED**  
**Mar 24, 2003 8:00 am**  
**Secretary of State**

03-24-2003 91015 045 \*\*\*\*61.25

DOCUMENT # **N94000003485**

1. Entity Name  
**HEALTHY PALM BEACHES, INC.**



Principal Place of Business  
**324 DATURA ST.  
SUITE 401  
WEST PALM BEACH FL 33401**

Mailing Address  
**324 DATURA ST.  
SUITE 401  
WEST PALM BEACH FL 33401**

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State  
City & State

Zip  
Country  
Zip  
Country

CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0550288**  
Applied For  
Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**COLEMAN, IRA J  
MCDERMOTT WILL & EMERY  
201 S. BISCAYNE BLVD.  
MIAMI FL 33131**

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 \_\_\_\_\_ (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	<b>D</b> <input checked="" type="checkbox"/> Delete
NAME	<b>GALLON, DENNIS</b>
STREET ADDRESS	<b>593 MASTERS WAY</b>
CITY-ST-ZIP	<b>WEST PALM BEACH FL 33418</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>GOODLETT, C. DAVID</b>
STREET ADDRESS	<b>427 WAYMAN CIRCLE 330 Clematis St. Ste 207</b>
CITY-ST-ZIP	<b>WEST PALM BEACH FL <del>33419</del> 33401</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> Delete
NAME	<b>SCHNECK, KENNETH JR</b>
STREET ADDRESS	<b>171 N. LAKE AVE</b>
CITY-ST-ZIP	<b>PAHOKEE FL 33476</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>NIKOLITS, GARY R</b>
STREET ADDRESS	<b>9162 EL CAMINO REAL 301 N. Olive Ave 5th Floor</b>
CITY-ST-ZIP	<b>WEST PALM BEACH FL <del>33409</del> 33401</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>PIERCE, STANLEY</b>
STREET ADDRESS	<b>7412 MANDARIN DRIVE</b>
CITY-ST-ZIP	<b>BOCA RATON FL 33433</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>MALECKI, JEAN M, M.D.</b>
STREET ADDRESS	<b>826 EVERNIA ST.</b>
CITY-ST-ZIP	<b>WEST PALM BEACH FL 33401</b>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Effie C. Grear, Ed.D.</b>
STREET ADDRESS	<b>611 SW 4th Street</b>
CITY-ST-ZIP	<b>Belle Glade, FL 33430</b>
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Elizabeth Fago</b>
STREET ADDRESS	<b>2401 PGA Blvd. Ste 146</b>
CITY-ST-ZIP	<b>Palm Beach Gardens, FL 33410</b>
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Randee S. Schatz, Esq.</b>
STREET ADDRESS	<b>220 Sunrise Avenue Ste 209</b>
CITY-ST-ZIP	<b>Palm Beach FL 33480</b>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 3/24/03 1561659-1270

CR2E037 (10/02)