

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION.  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONSFILED  
May 06 1997 8:00am  
Secretary of State

DOCUMENT # N94000004318 (1)

1. Corporation Name

PALM BEACH SERVICECO, INC.

Principal Place of Business

Mailing Address

800002172428

-05/09/97--01002--053

\$593.75

10F7

3. Date of Qualification 09/01/1994 3a. Date of Last Report 1996

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21 1309 N. Flagler Drive		26 1309 N. Flagler Drive		65-0598821		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		\$8.75 Additional Fee Required	
22		27		XX			
City & State		City & State		6. Election Campaign Financing		\$5.00 May Be Added to Fees	
23 West Palm Beach, FL		28 West Palm Beach, FL		Trust Fund Contribution		□	
Zip		Zip		Country		Country	
24 33401		25 Palm Beach		29 33401		30 Palm Beach	
25		29		30			

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name	Valerie G. Larcombe		
82 Street Address (P.O. Box Number is Not Acceptable)	1309 N. Flagler Drive		
83			
84 City	West Palm Beach	FL	85 Zip Code 33401

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)

4-30-97

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	XX DELETE	11 TITLE	PD
NAME		12 NAME	Phillip C. Dutcher
STREET ADDRESS		13 STREET ADDRESS	1309 N. Flagler Drive
CITY-ST-ZIP		14 CITY-ST-ZIP	West Palm Beach, FL 33401
TITLE	XX DELETE	21 TITLE	CD
NAME		22 NAME	Marvin Schur
STREET ADDRESS		23 STREET ADDRESS	1309 N. Flagler Drive
CITY-ST-ZIP		24 CITY-ST-ZIP	West Palm Beach, FL 33401
TITLE	XX DELETE	31 TITLE	D
NAME		32 NAME	John Pauly, M.D.
STREET ADDRESS		33 STREET ADDRESS	1309 N. Flagler Drive
CITY-ST-ZIP		34 CITY-ST-ZIP	West Palm Beach, FL 33401
TITLE	XX DELETE	41 TITLE	S
NAME		42 NAME	Valerie G. Larcombe
STREET ADDRESS		43 STREET ADDRESS	1309 N. Flagler Drive
CITY-ST-ZIP		44 CITY-ST-ZIP	West Palm Beach, FL 33401
TITLE	XX DELETE	51 TITLE	D
NAME		52 NAME	Donald Warren, M.D.
STREET ADDRESS		53 STREET ADDRESS	1309 N. Flagler Drive
CITY-ST-ZIP		54 CITY-ST-ZIP	West Palm Beach, FL 33401
TITLE	XX DELETE	61 TITLE	TD
NAME		62 NAME	Frank Nask
STREET ADDRESS		63 STREET ADDRESS	1309 N. Flagler Drive
CITY-ST-ZIP		64 CITY-ST-ZIP	West Palm Beach, FL 33401

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

4-30-97

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