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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
May 06, 1999 8:00 am  
Secretary of State

05-06-1999 90295 053 \*\*\*\*\*8.75

05-06-1999 90295 054 \*\*\*\*\*61.25

DOCUMENT # N97000001287

1. Corporation Name

VA RESEARCH FOUNDATION OF THE PALM BEACHES, INC.

Principal Place of Business

7305 N MILITARY TRAIL (151)  
PALM BEACH GARDENS FL 33420

Mailing Address

7305 N MILITARY TRAIL (151)  
PALM BEACH GARDENS FL 33420  
US



2. Principal Place of Business

2a. Mailing Address

26 W. PALM BEACH, FL 33410

3. Date Incorporated or Qualified

03/03/1997

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

65-0729845

Applied For

Not Applicable

City & State

City & State

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

Zip

Country

25

Zip

Country

30

6. Election Campaign Financing

\$5.00 May Be

Trust Fund Contribution

Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DOWLING, RUTH  
10,000 BAY PINES BLVD  
BAY PINES FL 33744

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
D	SWANSON, LUCILLE W	7305 N MILITARY TRAIL (151)	WEST PALM BEACH FL 33410	<input type="checkbox"/>
D	VARA, JOHN R	7305 N MILITARY TRAIL (151)	WEST PALM BEACH FL 33410	<input type="checkbox"/>
D	SWISHER, ROBERT	7305 N MILITARY TRAIL (151)	WEST PALM BEACH FL 33410	<input type="checkbox"/>
D	LEWIS, TOM	7305 N MILITARY TRAIL (151)	WEST PALM BEACH FL 33410	<input type="checkbox"/>
D	SHERMAN, ALAN	7305 N MILITARY TRAIL (151)	WEST PALM BEACH FL 33410	<input type="checkbox"/>
D	COREY, THOMAS H	7305 N MILITARY TRAIL (151)	WEST PALM BEACH FL 33410	<input type="checkbox"/>

1.1 TITLE	Change	Addition
1.2 NAME	<input type="checkbox"/>	<input type="checkbox"/>
1.3 STREET ADDRESS	<input type="checkbox"/>	<input type="checkbox"/>
1.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
2.1 TITLE	<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME	<input type="checkbox"/>	<input type="checkbox"/>
2.3 STREET ADDRESS	<input type="checkbox"/>	<input type="checkbox"/>
2.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE	<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME	<input type="checkbox"/>	<input type="checkbox"/>
3.3 STREET ADDRESS	<input type="checkbox"/>	<input type="checkbox"/>
3.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
4.1 TITLE	<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME	<input type="checkbox"/>	<input type="checkbox"/>
4.3 STREET ADDRESS	<input type="checkbox"/>	<input type="checkbox"/>
4.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
5.1 TITLE	<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME	<input type="checkbox"/>	<input type="checkbox"/>
5.3 STREET ADDRESS	<input type="checkbox"/>	<input type="checkbox"/>
5.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE	<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME	<input type="checkbox"/>	<input type="checkbox"/>
6.3 STREET ADDRESS	<input type="checkbox"/>	<input type="checkbox"/>
6.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>

14. 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John R. Vara, M.D.

4/28/99

Date

Daytime Phone #

(561) 882-6702

CR2E037 (11/98)