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Secretary of State

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Annual Non Profit Report

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N98000004031

1. Corporation Name
PALM BEACH COUNTY WOMEN PHYSICIANS ASSOCIATION, INC.

Principal Place of Business
210 BUTLER ST. STE 201
WEST PALM BEACH FL 33407

Mailing Address
200 BUTLER ST. STE 201
WEST PALM BEACH FL 33407



1. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 07/10/1993
21. Suite, Apt. #, etc.	2b. Suite, Apt. #, etc.	4. FEI Number 65-0816588 Applied For Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required.
23. Zip Country	28. Zip Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
24. Name and Address of Current Registered Agent	29. Name and Address of New Registered Agent	30. Name and Address of New Registered Agent

MERY, DAISY, MD, PHD
200 BUTLER ST. STE 201
WEST PALM BEACH FL 33407

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. Zip Code

I, Pursuant to the provisions of Sections 617.0562 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when renewing)

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	Daisy Mery MD President 200 Butler Street Suite 201 West Palm Beach Fla 33407	11 TITLE D	Secretary Andrew Mery 200 Butler St West Palm Beach FL 33407
TITLE T	vice president Geraldine Squatito MD 200 Butler Street West Palm Beach Fla 33407	12 NAME	
TITLE T	Trustee Pigliamento 200 Butler Street Suite 201 West Palm Beach Fla 33407	13 STREET ADDRESS	
TITLE		14 CITY-ST-ZIP	
TITLE		21 TITLE	
TITLE		22 NAME	
TITLE		23 STREET ADDRESS	
TITLE		24 CITY-ST-ZIP	
TITLE		25 TITLE	
TITLE		26 NAME	
TITLE		27 STREET ADDRESS	
TITLE		28 CITY-ST-ZIP	
TITLE		29 TITLE	
TITLE		30 NAME	
TITLE		31 STREET ADDRESS	
TITLE		32 CITY-ST-ZIP	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(2)(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 8-7, 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
Daisy Mery

1-6-99

CF2E037 (1/98)