

2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P03000006751

FILED
Jun 23, 2008
Secretary of State

Entity Name: PALM BEACH MEDICAL CENTER, INC.

Current Principal Place of Business:

4394 PALM BEACH BLVD
FT MYERS, FL 33905

New Principal Place of Business:

Current Mailing Address:

4394 PALM BEACH BLVD
FT MYERS, FL 33905

New Mailing Address:

FEI Number: 16-1651375 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

VALERE, GERARD S
4394 PALM BEACH BLVD
FT MYERS, FL 33905 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: VALERE, GERARD S
Address: 23080 NEWCUN AVE
City-St-Zip: PORT CHARLOTTE, FL 33980

Title: S (X) Delete
Name: VALERE, YVES
Address: 4394 PALM BEACH BLVD
City-St-Zip: FT MYERS, FL 33905

Title: P (X) Delete
Name: FOWLER, MARQUIS
Address: 12687 SAMPSON ROAD
City-St-Zip: JACKSONVILLE, FL 32218

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: FOWLER, MARQUIS
Address: 12687 SAMPSON ROAD
City-St-Zip: JACKSONVILLE, FL 32218

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARQUIS FOWLER

P

06/23/2008

Electronic Signature of Signing Officer or Director

Date

P03000006751

AFFIDAVIT

Division of Corporations
Jay Kassees/ Privileged & Confidential
P.O. BOX 6327
Tallahassee FL 32314

I Marquis Fowler, 29 swear that I have never had any relationship with or been part of
Palm Beach Medical Center Inc.

I Marquis Fowler am not the president of Palm Beach Medical Center Inc.

I do not know and have never met Gerard S. Valere
I have never been an officer of this company.

Please take Marquis Fowler's name off of Palm Beach Medical Center Inc as President.

Palm Beach Medical Center Inc
Document # P03000006751
FEI/EIN # 161651375
Date Filed 1/17/2003
STATE FL
STATUS ACTIVE

Marquis Fowler
12687 Sampson Rd
Jacksonville FL, 32218

Marquis Fowler May 13, 2009

Sworn to and subscribed before me this

13 day of May, 2009

Marquis J. Fowler

Signature of Notary Public, State of Florida

Melissa N. Chapman

Print, Type or Stamp Name of Notary Public

☒ Personally known to me, or

☒ Produced identification: FLDL

Type of identification

