09161999-90009-047-$550.00-$550.00

1999.

AMOUNT DUE ON OR BEFORE 09/15/99: $550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $750).

PROFIT CORPORATION ANNUAL REPORT

1999

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

FILED
99 SEP 30 PM 1:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000039511

1. Corporation Name
PALM BEACH HEALTH ASSOCIATES, INC.

9/10/99 90009 047 $550.00

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
2781 TECUMSEH DRIVE WEST PALM BEACH FL 33409	2781 TECUMSEH DRIVE WEST PALM BEACH FL 33409

3. Date Incorporated or Qualified: 04/29/1998

2. Principal Place of Business	2a. Mailing Address
21 1590 Congress Ave.	26 1590 Congress Ave
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: West Palm Beach Fla	28 City & State: West Palm Beach Fla
24 Zip: 33406 25 Country	29 Zip: 33406 30 Country

4. FEI Number: 65-0871642 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

KLEIN, BRENT D
801 BRICKELL AVENUE
SUITE 1901
MIAMI FL 33409

10. Name and Address of New Registered Agent

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.*

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D PRESIDENT	☐ DELETE	1.1 TITLE	TREASURER	☐ Change ☒ Addition
NAME	AGUIRRE, GERALDO		1.2 NAME	Kelli Mitchell	
STREET ADDRESS	2781 TECUMSEH DRIVE		1.3 STREET ADDRESS	2781 Tecumseh Drive	
CITY-ST-ZIP	WEST PALM BEACH FL 33409		1.4 CITY-ST-ZIP	West Palm Beach, Fla 33409	
TITLE		☐ DELETE	2.1 TITLE	VICE PRESIDENT	☐ Change ☒ Addition
NAME			2.2 NAME	Ada Gonzalez	
STREET ADDRESS			2.3 STREET ADDRESS	590 Marquesa Drive	
CITY-ST-ZIP			2.4 CITY-ST-ZIP	Coral Gables, Fla 33156	
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: GA
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (5/99)

KE