

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00544

Entity Name: PALM HEALTHCARE FOUNDATION, INC.**Current Principal Place of Business:**700 SOUTH DIXIE HIGHWAY
SUITE 205
WEST PALM BEACH, FL 33401**Current Mailing Address:**700 SOUTH DIXIE HIGHWAY
SUITE 205
WEST PALM BEACH, FL 33401 US**FEI Number:** 59-2391119**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MCNAMARA, PATRICK
700 SOUTH DIXIE HIGHWAY
SUITE 205
WEST PALM BEACH, FL 33401 US*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:** PATRICK MCNAMARA

04/12/2023

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title CHAIRMAN
Name WISEHAUPT, DAVID
Address 700 SOUTH DIXIE HIGHWAY
SUITE 205
City-State-Zip: WEST PALM BEACH FL 33401

Title S
Name KOEHN, CHRISTINE
Address 700 SOUTH DIXIE HIGHWAY
SUITE 205
City-State-Zip: WEST PALM BEACH FL 33401

Title CFO
Name PERRON, CHRISTINA
Address 700 SOUTH DIXIE HIGHWAY
SUITE 205
City-State-Zip: WEST PALM BEACH FL 33401

Title VC
Name FISHBANE, MARSHA
Address 700 SOUTH DIXIE HIGHWAY
SUITE 205
City-State-Zip: WEST PALM BEACH FL 33401

Title TR
Name NASON, NATHAN
Address 700 SOUTH DIXIE HIGHWAY
SUITE 205
City-State-Zip: WEST PALM BEACH FL 33401

Title PRESIDENT & CEO
Name MCNAMARA, PATRICK
Address 700 SOUTH DIXIE HIGHWAY
SUITE 205
City-State-Zip: WEST PALM BEACH FL 33401

I hereby 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: PATRICK MCNAMARA

CEO

04/12/2023

Electronic Signature of Signing Officer/Director Detail

Date