



FILE NOW: FILING FEE IS \$61.25

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|--|--|---|--|--|--|---|--|----------------|--|--|--|--|--|--|--|--|--|--|--|
| NONPROFIT CORPORATION ANNUAL REPORT 1998 | |  | | FLORIDA DEPARTMENT OF STATE Sandra E. Harrison Secretary of State DIVISION OF CORPORATIONS | | DATE GOODS / SERVICES REC'D. <u>3/6/98</u> DATE GOODS INSPECTED & APPROVED <u>3/6/98</u> DATE INVOICES RECEIVED <u>3/6/98</u> DATE PROCESSED <u>3/6/98</u> | | ITL <u>(2)</u> | | | | | | | | | | | |
| DOCUMENT # N44497 1. Corporation Name C.L. BRUMBACK HEALTH CENTER GOVERNING BOARD, INC. OF PALM BEACH COUNTY | | | | (8) SECRETARY OF STATE TALLAHASSEE, FLORIDA | | APPROVED FOR PAYMENT <u>Carol J. Davis</u> | | | | | | | | | | | | | |
| Principal Place of Business 38754 STATE ROAD 80 BELLE GLADE FL 33430 | | | | Mailing Address 38754 STATE ROAD 80 BELLE GLADE FL 33430 | |  | | | | | | | | | | | | | |
| 2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country | | | | 2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country | | 3. Date Incorporated or Qualified 07/31/1991 4. FEI Number 59-6001874 Applied For Not Applicable | | | | | | | | | | | | | |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | | | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | | 7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | | | | | | | | | | | |
| 8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | | | | | | | | | | | | | | | | | |
| 9. Name and Address of Current Registered Agent CHESNEY, JACQUELIN A. 826 EVERNIA STREET WEST PALM BEACH FL 33401 | | | | 10. Name and Address of New Registered Agent 81 Name Paul T. Boisvert 82 Street Address (P.O. Box Number is Not Acceptable) 826 Evernia Street 83 84 City West Palm Beach FL 85 Zip Code 33401 | | | | | | | | | | | | | | | |
| 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 <u>Paul T. Boisvert</u> DATE <u>2-25-98</u> (NOTE: Registered Agent signature required when reinstating) | | | | | | | | | | | | | | | | | | | |
| 12. OFFICERS AND DIRECTORS | | | | | | | | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | | | | | | | | |
| TITLE PD NAME WILLFORD, DOROTHY STREET ADDRESS 605 S.W. 13TH ST. CITY-ST-ZIP BELLE GLADE FL 33430 | | | | | | | | | | 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP | | | | | | | | | |
| TITLE VD NAME BYRD, JAMES STREET ADDRESS 1224 S.W. AVE C CITY-ST-ZIP BELLE GLADE FL 33430 | | | | | | | | | | 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP | | | | | | | | | |
| TITLE SD NAME LUCAS, WILLIE STREET ADDRESS 225 N.W. 9TH AVE, APT 102 CITY-ST-ZIP SOUTH BAY FL 33493 | | | | | | | | | | 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP | | | | | | | | | |
| TITLE TD NAME WILKERSON, MARY STREET ADDRESS 644 S.W. 5TH ST. CITY-ST-ZIP BELLE GLADE FL 33430 | | | | | | | | | | 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP | | | | | | | | | |
| TITLE D NAME SIMS, MARTHA STREET ADDRESS 637 S.E. 5TH ST. CITY-ST-ZIP BELLE GLADE FL 33430 | | | | | | | | | | 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP | | | | | | | | | |
| TITLE D NAME HUDSON-LARSEN, JOY STREET ADDRESS 1001 S.W. 2ND ST. CITY-ST-ZIP BELLE GLADE FL 33430 | | | | | | | | | | 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [Signature] DATE: 2/27/98 (561) 996-3992

CR2E037 (10/97)

FLORIDA
640000VOUCHER SCHEDULE
JT-2

DATE

03/09/98

S-W/Agency Voucher
D80-0053-28
003390
*MENT PALM BEACH COUNTY HEALTH DEPARTMENT
PALM BEACH CHD - GARY GIITTINGER

| COMPTROLLER ACCOUNT NUMBER | CF | OBJECT CODE | TRANS CODE | TRANS CODE |
|----------------------------|---------|----------------|-----------------|-----------------|
| COMPTROLLER ACCOUNT NAME | INVOICE | INVOICE AMOUNT | 25 | 45 |
| | | | INCREASE AMOUNT | INCREASE AMOUNT |

64202141001-64200000050-030000000
OTHER PERSONAL SERV
INV: 1998 70.00

45202130001-45300000000-00010000
FEES

1313 70.00

70.

TRANSACTION TYPE: JOURNAL ADVICE

TOTAL

70.00

TOTAL

70.

I hereby certify that the above transactions are in accordance with the
Florida Statutes and all applicable laws and rules of the State of Florida.

For State Comptroller's Use Only

Time In

APPROVED

Audited By

TITLE