

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

DOCUMENT # N44497

1. Corporation Name

C.L. BRUMBACK HEALTH CENTER GOVERNING BOARD, INC  
OF PALM BEACH COUNTY

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		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		07/31/1991	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-6001874	
City & State		City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		Trust Fund Contribution	
24		29		30	
Country		Country			

9. Name and Address of Current Registered Agent

BOISVERT, PAUL T  
826 EVERNIA STEET  
WEST PALM BEACH FL 33401

10. Name and Address of New Registered Agent

81 Name	ROBERTS, DONIA A		
82 Street Address (P.O. Box Number is Not Acceptable)	147 BACOM POINT ROAD		
83			
84 City	PAHKEE	FL	85 Zip Code 33476

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

*Donia A. Roberts*  
Signature, typed or printed name of registered agent and title if applicable.

DONIA A. ROBERTS  
(NOTE: Registered Agent signature required when reinstating)

1-20-99  
DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WILLFORD, DOROTHY			1.2 NAME	LOHMANN, BRIAN		
STREET ADDRESS	605 S.W. 13TH ST.			1.3 STREET ADDRESS	250 S.E. 1ST STREET		
CITY-ST-ZIP	BELLE GLADE FL 33430			1.4 CITY-ST-ZIP	BELLE GLADE, FL 33430		
TITLE	VD	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BYRD, JAMES			2.2 NAME	ROBERTS, DONIA		
STREET ADDRESS	1224 S.W. AVE C			2.3 STREET ADDRESS	147 BACOM POINT ROAD		
CITY-ST-ZIP	BELLE GLADE FL 33430			2.4 CITY-ST-ZIP	PAHKEE, FL 33476		
TITLE	SD	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LUCAS, WILLIE			3.2 NAME	SMITH, MILRANDA		
STREET ADDRESS	225 N.W. 9TH AVE, APT 102			3.3 STREET ADDRESS	101 N.W. 1ST STREET		
CITY-ST-ZIP	SOUTH BAY FL 33493			3.4 CITY-ST-ZIP	SOUTH BAY, FL 33493		
TITLE	TD	<input checked="" type="checkbox"/> DELETE		4.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WILKERSON, MARY			4.2 NAME	HOUSTON, JAMES		
STREET ADDRESS	644 S.W. 5TH ST.			4.3 STREET ADDRESS	733 S.W. AVE. E SUITE A		
CITY-ST-ZIP	BELLE GLADE FL 33430			4.4 CITY-ST-ZIP	BELLE GLADE, FL 33430		
TITLE	D	<input checked="" type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SIMS, MARTHA			5.2 NAME			
STREET ADDRESS	637 S.E. 5TH ST.			5.3 STREET ADDRESS			
CITY-ST-ZIP	BELLE GLADE FL 33430			5.4 CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HUDSON-LARSEN, JOY			6.2 NAME			
STREET ADDRESS	1001 S.W. 2ND ST.			6.3 STREET ADDRESS			
CITY-ST-ZIP	BELLE GLADE FL 33430			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, with all other like empowered.

SIGNATURE:

*Brian Lohmann*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/21/99 561-996-1600  
Date Daytime Phone #

CR2E037 (1/98)

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