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NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOC	JMENT	# N	44497

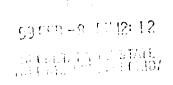
1. Corporation Name

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



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2.	Principal P	al Place of Business 2a. Mailing Address											3. Date incorporated or Qualifed								
21						26							07/31/1991								
Γ	Suite, Apt.	ite, Apt. #, etc.				Suite, Apt. #, etc.							4. FELL	Number					App	ied For	
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23						3					5. Certifcate of Status Desired							Req	uired		
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24			25	 	29			30				Trust Fund Contribution 10. Name and Address of New Registered Ager						Added to Fees			
<u> </u>	····	9. Name	and	Address of Curr	ent Regi	stered Ag	ent		9.1	1 -			10. Nam	e and Ad	dress o	f New Re	gistered	d Agent			
i									"	81 Name ROBERTS, DONIA A											
	BOISVERT								82	s	Street A					Acceptat					
		NIA STEET							83	 		14	/ BAC	OM P	OTM	ROAD					
	WEST PAI	LM BEACH	FL 3	33401					"												
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ļ ''	office or r	egistered ag	ent, c	or sections 617.05 or both, in the Stal nd accept the oblig	te of Flori	ida Such	change was	author	ized by	the	corpo	ration's	board o	f directors	. I heret	y accept	the appo	ointment a	s regi	stered	
	agent. I a	m familiar X i	tr) ar					-									1-0	n-00	2		
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crr	7-ST-20P	BELLE GLADE FL 33430								6.4 CITY-ST-ZIP				- 4	· ·	· ' '	1'1			i	

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:

MAN TOMMENA MANATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 1/21/99 561-996-1600