
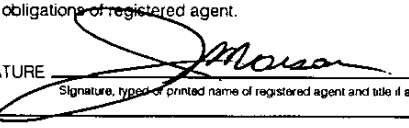
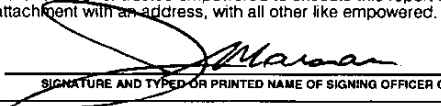


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 11, 2006 8:00 am
Secretary of State

09-11-2006 90002 032 ****61.25

DOCUMENT # N44497 1. Entity 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 Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 65-0360350	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent LOBBAN-MARSAN, JACQUELINE 38754 STATE ROAD 80 BELLE GLADE, FL 33430				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE:  (NOTE: Registered Agent signature required when reappointing) DATE:					
Filing Fee is \$61.25 Due by September 6, 2006			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C <input type="checkbox"/> Delete WOODHAM, BRENT PO BOX 666 BELLE GLADE, FL 33430				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC <input type="checkbox"/> Delete ROBINSON, MERCEDES 857 SW AVE C PLACE BELLE GLADE, FL 33430				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete WALKER, MATTIE 1241 SW AVE C PLACE BELLE GLADE, FL 33430				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete ADAMS, RAYMOND T JR 5071 WILLOW POND ROAD WEST WEST PALM BEACH, FL 33417				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete MERICANTANTE, JOHN FR 1150 E MAIN ST PAHOKEE, FL 33476				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete KEYS, PATRICIA 1324 W 33RD STREET RIVIERA BEACH, FL 33404				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <input type="checkbox"/> Change <input type="checkbox"/> Addition Bobbi Valentine 716 Aspen Road West Palm Beach, FL 33409				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input type="checkbox"/> Addition Mary Johnson 190N. State Road 715 Lot#234 Belle Glade, Florida 33430				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input type="checkbox"/> Addition Shirley White 1577 North Military Trail West Palm Beach, FL 33409				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input type="checkbox"/> Addition Leslie Christian 614 44th Street Apt.#1 West Palm Beach, FL 33409				
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE:  Jacqueline Lobban-Marsan 8/3/06 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

ATTACHMENT



40103 593

Jeb Bush
Governor

M. Rony Francois, M.D., M.S.P.H., Ph.D
Secretary

☐ ROUTING or ☒ TRANSMITTAL SLIP

TO: Gwynne Washington

Finance and Accounting

ACTION

A618829

<input type="checkbox"/> Information:	<input type="checkbox"/> For Approval:	<input type="checkbox"/> Signature:
<input type="checkbox"/> Answer-Your Signature:	<input type="checkbox"/> Copy to me:	<input type="checkbox"/> Answer-My Signature:
<input type="checkbox"/> Please see me:	<input type="checkbox"/> Comment:	<input checked="" type="checkbox"/> Necessary Action:
<input type="checkbox"/> Note and Return:	<input type="checkbox"/> Note and Pass On:	<input type="checkbox"/> Per Conversation:
<input type="checkbox"/> Per Request:	<input type="checkbox"/> Coordination:	<input type="checkbox"/> File:

REMARKS: Re: DO322429

Florida Department of State

Please issue a check in the amount of \$61.25 to cover the **Not-For-Profit Corporation "filing fee"** for C.L. Brumback Health Center Governing Board. See attached **Document #N44497**

Due Sept 6, 2006

Mail Check along with original DOCUMENT #N44497 TO: Division of Corporations, P.O. Box 1500, Tallahassee, FL 32302-1500 (or see Courier Address)

Thank you for your assistance.

Should you have any questions, please feel free to contact me @ 840-4524

FROM: Betty Butler, Purchasing Agent

DATE: August 24, 2006

PHONE: (561) 840-4524 (SC263-4522); FAX (561) 845-4658

e-mail: betty_butler@doh.state.fl.us

cc: file

Milta Kyles

05 AUG 25 11 06:39