2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # N44497 1. Entity Name C.L. BRUMBACK HEALTH CENTER GOVERNING BOARD, INC. OF PALM BEACH COUNTY					~	09-11-2006	_		
38754 STAT	e of Business E ROAD 80 E, FL 33430	Mailing Address 38754 STATE ROAD 80 BELLE GLADE, FL 33430	38754 STATE ROAD 80						
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			08032006	Chg-NP	CR2E	E037 (4/06)	
City & State		City & State			4. FEI Number 65-0360			-	pplied For ot Applicable
Zip	Country	Zip	Country			of Status Desired	d 🔲	\$8.75 Ad	ditional
	6. Name and Address of Current	Registered Agent			7. Name and	Address of Nev	w Registered	<u>'</u>	
I OBBAN-N	MARSAN, JACQUELINE		Name					-	· · · · · · · · · · · · · · · · · · ·
38754 STA	ATE ROAD 80 ADE, FL 33430		Street A	Address (P.O. Box Number is Not Acceptable)					
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<u>{</u>			City				F	Zíp Coo	de
8. The above	named entity submits this statement for ions of registered agent.	the purpose of changing its reg	gistered office o	r registere	d agent, or both	, in the State of	Florida. I an	n familiar with	, and accept
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SIGNATURE Marson									
	Signature, typed of printed name of recistered agent a	nd title if annicable /NOTE Re	aristered Ament signed	bura required s	uban rainetation)		DATE		
	Signature, typed of printed name of registered agent a	and title if applicable. (NOTE Re	agistered Agent signal	ture required v	when reinstating)	10 (8 cm	DATE	fre and a	And the state of t
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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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dal

8/3/06

Daytime Phone #

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		0 + 2-2-							
	ACTION	A 618839							
Information:	☐ For Approval:	Signature:							
Answer-Your Signature:	Copy to me:	Answer-My Signature:							
Please see me:	Comment:	Necessary Action:							
Note and Return:	☐ Note and Pass On:	Per Conversation:							
Per Request:	Coordination:	☐ File:							
REMARKS: Re: DO322429									
Florida Depart	ment of State								
Piolida Depart	ment of State								
Please issue a check in the amou	nt 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)									
1500, Talianassee, FL 32302-156	ov (or see courier Address)								
Thank you for your assistance.									
Should you have any questions, p	lease feel free to contact me @ 84	40-4524							
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		: .							
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