2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

ANNUAL REPORT							FILED					
DOCUMENT # N44497						FILEU						
1. Entity Name C.L. BRUMBACK HEALTH CENTER GOVERNING BOARD, INC. OF PALM BEACH COUNTY						08 MAY ~8 -AM H: 21						
Principal Place of Business Mailing Address 38754 STATE ROAD 80 38754 STATE BELLE GLADE, FL 33430 BELLE GLADE				ROAD 80			Á	LAMASSEE	, FLOR	IDA		
							I (LITZELIA					
Principal Place of Business - No P.O. Box # 3. Mailing Address												
Suite, Apt.	. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.			04292008	Chg-NP	CR2E0	37 (12/06)		
City & State			City & State			4. FEI Numbe 65-0360				oplied For ot Applicable		
Zip		Country	Zip	Country			5. Certificate	of Status Desired		\$8.75 Add		
	6. Name	and Address of Current R	legistered Agent				7. Name and	Address of New F	Registered			
. COBBAN-I	MARSAN	IACOUELINE			Name							
LOBBAN-MARSAN, JACQUELINE 38754 STATE ROAD 80 BELLE GLADE, FL 33430				Ī	Street A	ddress (I	O. Box Numbe	r is Not Acceptable	e) ´ `			
				}	City FL Zip Code							
8. The above	named entity	submits this statement for	the purpose of changing its	registere	d office o	r registere	ed agent, or bott	h, in the State of Fk			and accept	
the obligat	lions of registe	red agent.										
SIGNATURE	>	Maria						41.	80/05			
	Signature, lypedio	r-printed name of registered agent at	nd little if applicable (NOTE.	Registered	Agent signes	ure required	when remaisting)		DATE			
Filing Fee Is \$61.25 9. Election Campaign Financing \$5.00 May Be Due by May 1, 2008 9. Election Campaign Financing Added to Fees Florida Department of State												
10.		OFFICERS AND DIRE		11.			DDITIONS/CHA	NGES TO OFFICE	RS AND DI	RECTORS IN	10	
TITLE NAME	C WOODHAI	M RRENT	🖺 Delete	TITLE		C ADAI	MS. RAYM	מז יד תער		Change	Addition	
STREET ADDRESS	PO BOX 66	•			1 ADORESS	ADAMS, RAYMOND T. JR. 5071 WILLOW POND ROAD WEST						
CITY-ST-ZIP		ADE, FL 33430			ST- ZIP		r PALM B	EACH. 3347	7.6		10.210	
TITLE NAME				TITLE	i	VC MER	CANTANTI	IOHN FE	,	Change	* Addition	
STREET ADORESS	ł · · · · · · · · · · · · · · · · · · ·			STREET	T ADDRESS	MERICANTANTE, JOHN FR. S 1200 EAST MAIN ST.						
CITY-ST-ZIP				4	ST-ZIP		KEE, FI.	33476		0 0 av		
TITLE NAME	WALKER,	MATTIE	E3 Delete	TITLE		S MATT	TIE WALKI	ER		Change	Addition	
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TIFLE	D BELLE GL	ADE, FL 33430	Delete	TITLE	\$1-AF	BELI T	<u>E GLADE</u>	FL 3343	30	[] Change	Addition	
HAME	ADAMS, R	AYMOND T JR		NAME		BOBI	I_VALENT					
STREET ADDRESS	* =				t adoress st-21p		ASPEN RO					
DIFE	D	DEPROT, TE GOTT	Delete	HILE		WEST D	PALM BI	CACH, FL.	33409	Change	Addition	
NAME	i	TANTE, JOHN FR	_	NAME		LESL	IE CHRIS				_	
STREET ADDRESS CITY+ST-ZIP	1150 E MA PAHOKEE,			CITY-S	t address st-zip		DIVISIO PALM BE	N AVENUE	APT. # 33407	:3		
TITLE	D		23 Delete	TITLE		D				Change	☐ Addition	
NAME STREET ADDRESS	KEYS, PAT 1324 W 33	RICIA RD STREET		NAME STREET	T ADDRESS		LEY WHIT		C			
CITY-ST-ZIP		EACH, FL 33404		CITY-S			PALM BE	H WAY APT	. 0 33415			
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:												
SIGNAT		IN WINDER WINDS	Ova o					4/30/08	>			

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DOCUMENT # N44497 1. Entity Name C.L. BRUMBACK HEALTH CENTER GOVERNING BOARD, INC. OF PALM BEACH COUNTY							•	्रम् अस्त्राच्या चर्णाद्यसम्बद्धाः व स्रा	To Tables Space			
Principal Plac 38754 STAT BELLE GLAD	TE ROAD 80			Mailing Address 38754 STATE ROAD 80 BELLE GLADE, FL 33430			DO 915228					
Principal Place of Business - No P.O. Box # 3. Mailing Address												
Suite, Apt. #, etc.			Suite, Apt. #, etc.			04292008	Chg-NP	CR2E037 (12/06)			
City & Stat	te		City & State			4. FEI Number 65-0360		ļ	Applied For Not Applicable			
Zip	Country		Zip	Country		5. Certificate of	f Status Desired	☑ \$8.75 A Fee Requ				
	6. Name	and Address of Current I	Registered Agent			7. Name and A	ddress of New I	Registered Agent				
LOBBAN-MARSAN, JACQUELINE 38754 STATE ROAD 80 BELLE GLADE, FL 33430					Name Street Address (P.O. Box Number is Not Acceptable)							
				City	,			FL Zip Ci	ode			
5. 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 Signature, typed perforted name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating) DATE												
Filing Fee is \$61.25 Due by May 1, 2008 9. Election Campaign Financing Trust Fund Contribution. Added to Fees State Make check payable to Florida Department of State								to				
	Due by k			ontribution.								
10.		Asy 1, 2008 OFFICERS AND DIR	ECTORS	ontribution.		Added to Fees	Flor		State			
TITLE	C	OFFICERS AND DIR		11.	<u>ד</u>	Added to Fees	Flor	rida Department of	State IN 10			
	C WOODHA PO BOX	OFFICERS AND DIR	ECTORS	11.	D MARY 190	Added to Fees DDITIONS/CHAN JOHNSON N. STATE	Flow NGES TO OFFICE ROAD 715	RS AND DIRECTORS Change LOT #234	State IN 10			
TITLE NAME STREET ADDRESS	C WOODHA PO BOX	OFFICERS AND DIR	ECTORS	11. TITLE NAME STREET ADDR	D MARY 190	Added to Fees DDITIONS/CHAN JOHNSON	Flow NGES TO OFFICE ROAD 715	RS AND DIRECTORS Charge LOT #234	State IN 10 Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	C WOODHA PO BOX 6 BELLE GI VC ROBINSO	OFFICERS AND DIR NM, BRENT 566 LADE, FL 33430 DN, MERCEDES	ECTORS © Deleta	11. TITLE NAME STREET ADDR CITY-ST-ZIP TITLE NAME	D MARY 190 BELL D FRAN	Added to Fees DDITIONS/CHAN JOHNSON N. STATE	ROAD 715	RS AND DIRECTORS Change LOT #234	State IN 10 Addition			
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STATE OF FLORIDA OLO 640000 DEFARTMENT PALM BEACH CO SITE PALM BEACH CHD - MI	VOUCHER SCHEDUL JT-2 DUNTY HEALTH DEPARTMENT CCHAEL BEARD		DATE	05/05	5/2008	S-W/Agency V D80-006 0024 *	6-8287
CFO ACCOUNT NUMBER	CF		OBJECT CODE	TRANS CODE	25	TRANS CODE 4	5
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E	050-04000000 OUNTY HEALTH DEPARTMEN XPENSES NV: N44497	T TRUST	4990		70.00		
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TRANSACTION TYPE: J	OURNAL ADVICE			TOTAL	70.00	TOTAL	70.00
I hereby certify that the above tran	sactions are in accordance with the			Fa.: 05			70.00
Florida Statutes and all applicable law			Time In		O Use Only		
Michael APPROVED:	Beard	İ		_			
Accounting Se	rvices Supervisor					Audited By	
TITLE			· · · · · · · · · · · · · · · · · · ·			F	ILE COPY