
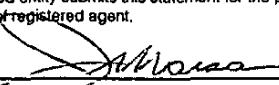
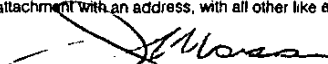


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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 - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 65-0360350	
				Applied For Not Applicable	
				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  DATE 4/30/08 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when remaining)</small>					
Filing Fee is \$61.25 Due by May 1, 2008		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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	C	<input checked="" type="checkbox"/> Delete	TITLE	C	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOODHAM, BRENT		NAME	ADAMS, RAYMOND T. JR.	
STREET ADDRESS	PO BOX 666		STREET ADDRESS	5071 WILLOW POND ROAD WEST	
CITY-ST-ZIP	BELLE GLADE, FL 33430		CITY-ST-ZIP	WEST PALM BEACH, 33476	
TITLE	VC	<input checked="" type="checkbox"/> Delete	TITLE	VC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBINSON, MERCEDES		NAME	MERICANTANTE, JOHN FR.	
STREET ADDRESS	857 SW AVE C PLACE		STREET ADDRESS	1200 EAST MAIN ST.	
CITY-ST-ZIP	BELLE GLADE, FL 33430		CITY-ST-ZIP	PAHOKEE, FL 33476	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALKER, MATTIE		NAME	MATTIE WALKER	
STREET ADDRESS	1241 SW AVE C PLACE		STREET ADDRESS	1241 SW AVE. C	
CITY-ST-ZIP	BELLE GLADE, FL 33430		CITY-ST-ZIP	BELLE GLADE, FL 33430	
TITLE	D	<input type="checkbox"/> Delete	TITLE	T	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ADAMS, RAYMOND T JR		NAME	BOBBI VALENTINE	
STREET ADDRESS	5071 WILLOW POND ROAD WEST		STREET ADDRESS	716 ASPEN ROAD	
CITY-ST-ZIP	WEST PALM BEACH, FL 33417		CITY-ST-ZIP	WEST PALM BEACH, FL 33409	
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MERICANTANTE, JOHN FR		NAME	LESLIE CHRISTIAN	
STREET ADDRESS	1150 E MAIN ST		STREET ADDRESS	1845 DIVISION AVENUE APT. #3	
CITY-ST-ZIP	PAHOKEE, FL 33476		CITY-ST-ZIP	WEST PALM BEACH, FL 33407	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KEYS, PATRICIA		NAME	SHIRLEY WHITE	
STREET ADDRESS	1324 W 33RD STREET		STREET ADDRESS	1460 WINDORAH WAY APT. C	
CITY-ST-ZIP	RIVIERA BEACH, FL 33404		CITY-ST-ZIP	WEST PALM BEACH, FL 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:  DATE 4/30/08 DAYTIME PHONE #					

FILED

08 MAY -8 AM 11:21

CLERK OF STATE
ALLAHASSEE, FLORIDA

04292008 Chg-NP CR2E037 (12/06)

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N44497 1. Entity Name C.L. BRUMBACK HEALTH CENTER GOVERNING BOARD, INC. OF PALM BEACH COUNTY					
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Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	04292008 Chg-NP CR2E037 (12/06)	
4. FEI Number 65-0360350				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" 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: <u><i>J. Marsan</i></u> DATE: <u>4/30/08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2008		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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C WOODHAM, BRENT PO BOX 666 BELLE GLADE, FL 33430 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input type="checkbox"/> Addition MARY JOHNSON 190 N. STATE ROAD 715 LOT #234 BELLE GLADE, FL 33430		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC <input checked="" 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"/> Change <input checked="" type="checkbox"/> Addition FRANCES NAVARRO 1637 SOUTH MILITARY TRAIL WEST PALM BEACH, FL 33415		
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"/> Change <input checked="" type="checkbox"/> Addition EMELYNE AMBROISE-SMITH 110 NORTH "F" STREET LAKE WORTH, FL 33460		
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	_____ <input type="checkbox"/> Change <input type="checkbox"/> Addition		
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	_____ <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete KEYS, PATRICIA 1324 W 33RD STREET RIVIERA BEACH, FL 33404	TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ <input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: <u><i>J. Marsan</i></u> DATE: <u>4/30/08</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

STATE OF FLORIDA

VOUCHER SCHEDULE

DATE 05/05/2008

S-W/Agency Voucher No.

OLO 640000

JT-2

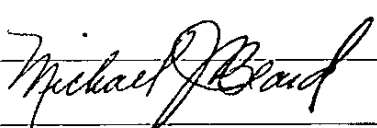
D80-0066-8287

DEPARTMENT PALM BEACH COUNTY HEALTH DEPARTMENT

002430

SITE PALM BEACH CHD - MICHAEL BEARD

*

CFO ACCOUNT NUMBER	CF	OBJECT CODE	TRANS CODE 25	TRANS CODE 45
CFO ACCOUNT NAME				
INVOICE	INVOICE AMOUNT		INCREASE AMOUNT	INCREASE AMOUNT
64202141001-6420070050-04000000		4990	70.00	
COUNTY HEALTH DEPARTMENT TRUST EXPENSES				
INV: N44497	70.00			
45101000132-4530010000-00010000				70.00
GENERAL REVENUE FUND FEES				
TRANSACTION TYPE: JOURNAL ADVICE			TOTAL 70.00	TOTAL 70.00
I hereby certify that the above transactions are in accordance with the Florida Statutes and all applicable laws and rules of the State of Florida.		For CFO Use Only		
APPROVED:  Accounting Services Supervisor		Time In _____ Audited By _____		
TITLE				