

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N44497

FILED  
Feb 05, 2003  
Secretary of State

**Entity Name:** C.L. BRUMBACK HEALTH CENTER GOVERNING BOARD, INC. OF PALM BEACH COUNTY

**Current Principal Place of Business:**

38754 STATE ROAD 80  
BELLE GLADE, FL 33430

**New Principal Place of Business:**

**Current Mailing Address:**

38754 STATE ROAD 80  
BELLE GLADE, FL 33430

**New Mailing Address:**

**FEI Number:** 59-6001874

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

TRENSCHEC, ROBERT  
38754 ST RD, 80  
BELLE GLADE, FL 33430 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: C ( ) Delete  
Name: WOODHAM, BRENT  
Address: PO BOX 666  
City-St-Zip: BELLE GLADE, FL 33430

Title: VC ( ) Delete  
Name: ROBINSON, MERCEDES  
Address: 857 SW AVE C PLACE  
City-St-Zip: BELLE GLADE, FL 33430

Title: D ( ) Delete  
Name: WALKER, MATTIE  
Address: 1241 SW AVE C PLACE  
City-St-Zip: BELLE GLADE, FL 33430

Title: D ( ) Delete  
Name: SINGLETARY, GENEVA  
Address: 592 SW 10TH ST  
City-St-Zip: BELLE GLADE, FL 33430

Title: D ( ) Delete  
Name: MERICANTANTE, FR. JOHN  
Address: 1150 E MAIN ST  
City-St-Zip: PAHOKEE, FL 33476

Title: D ( ) Delete  
Name: EVERETT, LOLITHA  
Address: 215 APPLE AVENUE  
City-St-Zip: PAHOKEE, FL 33476

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BRENT WOODHAM

C

02/05/2003

Electronic Signature of Signing Officer or Director

Date