


FILE NOW: FILING FEE IS \$61.25

FILED
Apr 14, 1999 8:00 am
Secretary of State

04-14-1999 90210 003 ****61.25

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| NONPROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # N93000005358

1. Corporation Name
**GOVERNOR'S COUNCIL FOR COMMUNITY HEALTH PARTNERS
 HIPS, INC.**

| | |
|-------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|
| Principal Place of Business PALM BEACH COUNTY PUBLIC HEALTH UNIT BOX 29, 826 EVERNIA STREET WEST PALM BEACH FL 33402 | Mailing Address PALM BEACH COUNTY PUBLIC HEALTH UNIT BOX 29, 826 EVERNIA STREET WEST PALM BEACH FL 33402 |
|-------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|



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|--------------------------------|-------------------------|------------------------------------------------------------------------------------|
| 2. Principal Place of Business | 2a. Mailing Address | 3. Date Incorporated or Qualified 11/19/1993 |
| 21. Suite, Apt. #, etc. | 26. Suite, Apt. #, etc. | 4. FEI Number 65-0449910 |
| 22. City & State | 27. City & State | Applied For Not Applicable |
| 23. Zip | 28. Zip | 5. Certificate of Status Desired <input type="checkbox"/> |
| Country | Country | \$8.75 Additional Fee Required |
| 24. Zip | 29. Zip | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> |
| Country | Country | \$5.00 May Be Added to Fees |

9. Name and Address of Current Registered Agent

**COLEMAN-MILLER, VICTORIA
 PALM BCH COUNTY HEALTH DEPT.
 826 EVERNIA ST.
 WEST PALM BEACH FL 33401**

10. Name and Address of New Registered Agent

| | |
|----------------------------------------------------------------------------------------------------------------------------------|-----------------------|
| 81. Name Keith Rizzardi, Attorney-At-Law | 85. Zip Code 33406 |
| 82. Street Address (P.O. Box Number is Not Acceptable) S.W. Florida Water Management District 3301 Gun Club Road, Room 111 | |
| 83. City West Palm Beach | FL |

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: *Keith Rizzardi* **Keith Rizzardi, Esq.** DATE: **4/7/99**

12. OFFICERS AND DIRECTORS

| | | |
|----------------|------------------------------|--------------------------------------------|
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | SMITH, HARRY L | |
| STREET ADDRESS | 7108 FAIRWAY DRIVE, STE. 235 | |
| CITY-ST-ZIP | PALM BEACH GARDENS FL | |
| TITLE | P | <input type="checkbox"/> DELETE |
| NAME | BANKS, LYY | |
| STREET ADDRESS | P. O. BOX 3515 N/A | |
| CITY-ST-ZIP | WEST PALM BEACH FL 33402 | |
| TITLE | VP | <input type="checkbox"/> DELETE |
| NAME | ARMSTRONG, RON | |
| STREET ADDRESS | 3300 FOREST HILL BLVD | |
| CITY-ST-ZIP | WEST PALM BEACH FL 33406 | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | GILDAN, DR. KATE | |
| STREET ADDRESS | 3340 FOREST HILL BLVD | |
| CITY-ST-ZIP | WEST PALM BEACH FL | |
| TITLE | TD | <input checked="" type="checkbox"/> DELETE |
| NAME | MCCARTHY, PAT | |
| STREET ADDRESS | 5352 LINTON BLVD | |
| CITY-ST-ZIP | DELRAY BEACH FL 33484 | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------|------------------------------------------------------------------------------|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY-ST-ZIP | |
| 2.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | Banks, Lynn |
| 2.3 STREET ADDRESS | PO Box 3515 N/A |
| 2.4 CITY-ST-ZIP | West Palm Beach, FL 33402 |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY-ST-ZIP | |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY-ST-ZIP | |
| 5.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | TD |
| 5.3 STREET ADDRESS | Betsy Whisman |
| 5.4 CITY-ST-ZIP | 800 Meadows Road Boca Raton, FL 33486 |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 6.4 CITY-ST-ZIP | |

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Lynn Banks* **Lynn Banks** DATE: **4/2/99** DAYTIME PHONE #: **561/650-2463**

CRZE037 (1/198)