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Apr 14, 1999 8:00 am
Secretary of State

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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. 11th Water Management District	
83. City 3301 Gun Club Road, Room 111	
84. City West Palm Beach	

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
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Boca Raton, FL 33486
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)