2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000005358

1. Entity Name

Principal Place of Business

GOVERNOR'S COUNCIL FOR COMMUNITY HEALTH PARTNERS

PALM BEACH COUNTY PUBLIC HEALTH UNIT **BOX 29, 826 EVERNIA STREET**

Mailing Address

PALM BEACH COUNTY PUBLIC HEALTH UNIT BOX 29. 826 EVERNIA STREET

2. Principal Place of Business Suite, Apt. #, etc. City & State		3. Mailing Address Suite, Apt. #, etc. City & State									
							Zip	Country	Zip	Country	

FILED Mar 06, 2001 8:00 am Secretary of State

03-06-2001 90302 027 ****69.00

2. Principal Place of Business Suries, Apt. #, etc. Suries, Apt. #, etc. City & State City & Sta	WEST PALM	BEACH FL 33402	WEST PALM BEACH FL 334	02		181 618 183 5 1 1214 88 112 88 121 8	1 99 15 91 16 8	EN BUNDO SHADI B	NOV 1881 1881	
City & State City & State City & State City & State Country C	2. Principal Place of Business		3. Mailing Address							
Zip Country Zip Country 3. Certificate 65t-0449310	Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE	IN THIS SP	'ACE	,	
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name KEITH RIZZARDI, ATTORNEY AT LAW WATER MANAGEMENT DISTRICT 3301 GUN CLUB RD WEST PALM BEACH FL 33406 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the state of Florida. SIGNATURE SIGNATURE FILE NOW: FEE IS \$61.25 OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS II. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS II. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS III. ADDITIONS/CHANGES TO	City & State		City & State		4. FEI Numb	65-0449910		<u> </u>		
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f). 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 recorder or business 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 sther like empowered.

SIGNATURE: