

2001 UNIFORM BUSINESS REPORT (UBR)

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

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

DOCUMENT # N93000005358

1. Entity Name

GOVERNOR'S COUNCIL FOR COMMUNITY HEALTH PARTNERS

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**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0449910

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KEITH RIZZARDI, ATTORNEY AT LAW
 WATER MANAGEMENT DISTRICT
 3301 GUN CLUB RD
 WEST PALM BEACH FL 33406**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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, LYNN	
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 type="checkbox"/> Delete
NAME	WHISMAN, BETSY	
STREET ADDRESS	800 MEADOWS RD	
CITY-ST-ZIP	BOCA RATON FL 33486	
TITLE	TD	<input type="checkbox"/> Delete
NAME	LANZARO, MICHAEL	
STREET ADDRESS	5343 JOG LANE	
CITY-ST-ZIP	DELRAY BEACH FL 33486	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	McCarthy, Patricia	
STREET ADDRESS	Dir. Bus.Dev.Mktg. & Public Rel.	
CITY-ST-ZIP	Delray Medical Center 5352 Linton Blvd., Delray Beach, FL 33484	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Banks, Lynn	
STREET ADDRESS	PO Box 3515	
CITY-ST-ZIP	West Palm Beach, FL 33402	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Tamarkin, Bert	
STREET ADDRESS	120 Sunset Ave. - Apt. 4D	
CITY-ST-ZIP	Palm Beach, FL 33480	

12. 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 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: *[Signature]* 2/27/01 (761)637-512

CR2E037 (10/00)