

2002 UNIFORM-BUSINESS-REPORT (UBR)

FILED
Feb 18, 2002 8:00 am
Secretary of State

02-18-2002 90002 030 ****61.25

DOCUMENT # N93000005358

1. Entity Name

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

Principal Place of Business

Mailing Address

**PALM BEACH COUNTY PUBLIC HEALTH UNIT
 BOX 29, 826 EVERNIA STREET
 WEST PALM BEACH FL 33402**

**PALM BEACH COUNTY PUBLIC HEALTH UNIT
 BOX 29, 826 EVERNIA STREET
 WEST PALM BEACH FL 33402**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0449910

Applied For

Not Applicable

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	MCCARTHY, PATRICIA	
STREET ADDRESS	DELRAY MED. CTR, 5352 LINTON BLVD	
CITY-ST-ZIP	DELRAY BEACH FL 33484	
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	BANKS, LYNN	
STREET ADDRESS	PO BOX 3515	
CITY-ST-ZIP	WEST PALM BEACH FL 33402	
TITLE	D	<input type="checkbox"/> Delete
NAME	TAMARKIN, BERT	
STREET ADDRESS	120 SUNSET AVENUE APT 4D	
CITY-ST-ZIP	PALM BEACH FL 33480	

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Nicholson, Jacquie	
STREET ADDRESS	BOCA RATON COMM. HOSPITAL, INC.	
CITY-ST-ZIP	800 Meadows Road Boca Raton, FL 33486	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Monnette, Michael	
STREET ADDRESS	WAL-MART STORES	
CITY-ST-ZIP	6294 Forest Hill Blvd. Greenacres, FL 33415	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Jacqueline Nicholson *Jacquie Nicholson* **01/23/02** **561-393-4159**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)