

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 28, 2004
Secretary of State**

DOCUMENT# N93000005358

Entity Name: GOVERNOR'S COUNCIL FOR COMMUNITY HEALTH PARTNERSHIPS, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 65-0449910 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TAMARKIN, BERTRAM "BUD"
120 SUNSET AVENUE APT 4-D
PALM BEACH, FL 33480

Name and Address of New Registered Agent:

TAMARKIN, BERTRAM
120 SUNSET AVENUE APT 4-D
PALM BEACH, FL 33480

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: BERTRAM TAMARKIN 04/28/2004
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: NICHOLSON, JACQUIE
Address: 800 MEADOWS RD
City-St-Zip: BOCA RATON, FL 33486

Title: D () Delete
Name: MCCARTHY, PATRICIA
Address: DELRAY MED. CTR, 5352 LINTON BLVD
City-St-Zip: DELRAY BEACH, FL 33484

Title: D () Delete
Name: ARMSTRONG, RON
Address: 3300 FOREST HILL BLVD
City-St-Zip: WEST PALM BEACH, FL 33406

Title: S () Delete
Name: VERSE, SELMA
Address: 2734 NE 27TH COURT
City-St-Zip: FORT LAUDERDALE, FL 33306

Title: TD () Delete
Name: BANKS, LYNN
Address: 7100 FAIRWAY DRIVE STE 48
City-St-Zip: WEST PALM BEACH, FL 33418

Title: VP () Delete
Name: RODRIGUEZ, PIARRE
Address: 254 SUNRISE AVENUE
City-St-Zip: PALM BEACH, FL 33480

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JACQUIE NICHOLSON P 04/28/2004
Electronic Signature of Signing Officer or Director Date