


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 03, 2005 8:00 am**  
**Secretary of State**

02-03-2005 90046 046 \*\*\*\*61.25

**DOCUMENT # N93000005358**

1. Entity Name  
**GOVERNOR'S COUNCIL FOR COMMUNITY HEALTH PARTNERSHIPS, 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**

**50010105**



2. Principal Place of Business **Palm Beach County Health Dept.**  
 Suite, Apt. #, etc.  
**826 Evernia St.-Rm#111**

3. Mailing Address **Palm Beach County Health Dept.**  
 Suite, Apt. #, etc.  
**826 Evernia St.-Rm#111**

01132005 Chg-NP CR2E037 (10/03)

City & State  
**West Palm Beach, FL**

City & State  
**West Palm Beach, FL**

Zip  
**33401**

Country  
**USA**

Zip  
**33401**

Country  
**USA**

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**

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

**7. Name and Address of New Registered Agent**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Bertram Tamarkin - Director** *Bertram Tamarkin* **1/18/05**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25  
 Due by May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make check payable to Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P NICHOLSON, JACQUIE 800 MEADOWS RD BOCA RATON, FL 33486 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCCARTHY, PATRICIA DELRAY MED. CTR, 5352 LINTON BLVD DELRAY BEACH, FL 33484 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ARMSTRONG, RON 3300 FOREST HILL BLVD WEST PALM BEACH, FL 33406 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S VERSE, SELMA 2734 NE 27TH COURT FORT LAUDERDALE, FL 33306 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BANKS, LYNN 7100 FAIRWAY DRIVE STE 48 WEST PALM BEACH, FL 33418 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP RODRIGUEZ, PIRRE 254 SUNRISE AVENUE PALM BEACH, FL 33480 <input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Judith Kouba Delray MedCen 5352 Linton Blvd. Delray Beach, FL 33484 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D Tenna Wiles - PBC Medical Soc. 3540 Forest Hill Blvd. West Palm Beach, FL 33406 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D Pierre Rodriguez - Wachovia Bank 255 South County Road Palm Beach, FL 33480 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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: **Pierre Rodriguez** *Pierre Rodriguez* **1/13/05** (561) 820-1125

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

# N 93000005358  
50010105

**ATTACHMENT**  
**The Governor's Council for**  
**Community Health Partnerships, Inc.**

**Membership List**  
**2004 - 2005**

**Officers**

**President**

Jacque Nicholson, RN  
Director of Community Services  
Boca Raton Comm. Hospital, Inc.  
800 Meadows Road  
Boca Raton, FL 33486  
(561) 393-4159 - FAX (561) 955-4727 - Cell (561) 702-1121  
[jnicholson@brch.com](mailto:jnicholson@brch.com)

**First Vice-President**

Pierre Rodriguez, VP - Private Advisory Banking  
Wachovia Bank  
255 South County Road  
Palm Beach, FL 33480  
(561) 820-1125 - FAX (561) 820-1108 - Cell (561) 358-4396  
[pjrodriguez@bellsouth.net](mailto:pjrodriguez@bellsouth.net)

**Second Vice-President**

Ron Armstrong, Director of Student Affairs  
Palm Beach County School District  
3300 Forest Hill Boulevard  
West Palm Beach, FL 33406  
(561) 434-8822 - FAX (561) 434-8640 - Cell (561) 373-9863  
[bell\\_1@firn.edu](mailto:bell_1@firn.edu)

**Secretary**

Selma Verse, RN, MeD, Exec. Dir.  
Interfaith Health & Wellness Assn.  
301 S. Olive Avenue  
West Palm Beach, FL 33401  
(561) 379-1972 - FAX (954) 561-1108 - Cell(561) 379-1972  
[IHWAssoc@aol.com](mailto:IHWAssoc@aol.com)

**Treasurer**

Tenna Wiles, Executive Director  
PB County Medical Society  
3540 Forest Hill Blvd. - #101  
West Palm Beach, FL 33406  
(561) 433-3940 (Ext. 6) - FAX (561) 433-2385  
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# ATTACHMENT

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## Members

Fred Alfele, DDS  
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