

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 30, 2007 8:00 am**  
**Secretary of State**

03-30-2007 90138 029 \*\*\*\*61.25

<b>DOCUMENT # N93000005358</b>					
<b>1. Entity Name</b> GOVERNOR'S COUNCIL FOR COMMUNITY HEALTH PARTNERSHIPS, INC.					
<b>Principal Place of Business</b> PALM BEACH COUNTY PUBLIC HEALTH UNIT 826 EVERNIA STREET RM #111 WEST PALM BEACH, FL 33401			<b>Mailing Address</b> PALM BEACH COUNTY PUBLIC HEALTH UNIT 826 EVERNIA STREET RM #111 WEST PALM BEACH, FL 33401		
<b>2. Principal Place of Business - No P.O. Box #</b> 1665 PALM BEACH LAKES BLVD Suite, Apt. #, etc. B-900		<b>3. Mailing Address</b> 1665 PALM BEACH LAKES BLVD Suite, Apt. #, etc. B-900			
<b>City &amp; State</b> WEST PALM BEACH, FL Zip 33401 Country USA		<b>City &amp; State</b> WEST PALM BEACH, FL Zip 33401 Country		<b>4. FEI Number</b> 65-0449910	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
<b>6. Name and Address of Current Registered Agent</b> TAMARKIN, BERTRAM 44 COCONUT ROW APT #510 PALM BEACH, FL 33480			<b>7. Name and Address of New Registered Agent</b> Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ State <b>FL</b> Zip Code _____		
<b>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.</b> SIGNATURE <u>Bertram Tamarkin</u> DATE <u>3/27/07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2007</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to</b> <b>Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	PD RPDRIGUEZ, PIERRE 225 S COUNTY RD PALM BEACH, FL 33480	<input type="checkbox"/> Delete		<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	RODRIGUEZ, PIERRE
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	VD VERSE, SELMA RN 5081 BURNING TREE CIRCLE STUART, FL 34997	<input type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	SD FINNIGAN, TARA ESQ 319 CLEMATIS ST STE 526 WEST PALM BEACH, FL 33401	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	TD TAMARKIN, BERTRAM 44 COCONUT ROW APT 510 PALM BEACH, FL 33480	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	D NICHOLSON, JACQUELINE RN 2600 QUANTUM BLVD BOYNTON BEACH, FL 33426	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	D IRION, JANE 5888 RIVER ISLE RD JUPITER, FL 33458	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.</b>					
<b>SIGNATURE:</b> <u>Selma Verse</u> <span style="float: right;">3/27/07</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					