


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

03-30-2007 90138 029 ****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 826 EVERNIA STREET RM #111 WEST PALM BEACH, FL 33401		Mailing Address PALM BEACH COUNTY PUBLIC HEALTH UNIT 826 EVERNIA STREET RM #111 WEST PALM BEACH, FL 33401			
2. Principal Place of Business - No P.O. Box # 1665 PALM BEACH LAKES BLVD		3. Mailing Address 1665 PALM BEACH LAKES BLVD			
Suite, Apt. #, etc. B-900		Suite, Apt. #, etc. B-900			
City & State WEST PALM BEACH, FL		City & State WEST PALM BEACH, FL			
Zip 33401	Country USA	Zip 33401	Country	4. FEI Number 65-0449910	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent TAMARKIN, BERTRAM 44 COCONUT ROW APT #510 PALM BEACH, FL 33480				7. Name and Address of New Registered Agent	
Name				Street Address (P.O. Box Number is Not Acceptable)	
City				Zip Code FL	
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 <u><i>Bertram Tamarkin</i></u>				DATE <u><i>3/27/07</i></u>	
Signature, typed or printed name of registered agent and title if applicable.				(NOTE: Registered Agent signature required when reinstating)	
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	RODRIGUEZ, PIERRE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RPDRIGUEZ, PIERRE		NAME		
STREET ADDRESS	225 S COUNTY RD		STREET ADDRESS		
CITY-ST-ZIP	PALM BEACH, FL 33480		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VERSE, SELMA RN		NAME		
STREET ADDRESS	5081 BURNING TREE CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	STUART, FL 34997		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FINNIGAN, TARA ESQ		NAME		
STREET ADDRESS	319 CLEMATIS ST STE 526		STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH, FL 33401		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TAMARKIN, BERTRAM		NAME		
STREET ADDRESS	44 COCONUT ROW APT 510		STREET ADDRESS		
CITY-ST-ZIP	PALM BEACH, FL 33480		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NICHOLSON, JACQUELINE RN		NAME		
STREET ADDRESS	2600 QUANTUM BLVD		STREET ADDRESS		
CITY-ST-ZIP	BOYNTON BEACH, FL 33426		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	IRION, JANE		NAME		
STREET ADDRESS	5888 RIVER ISLE RD		STREET ADDRESS		
CITY-ST-ZIP	JUPITER, FL 33458		CITY-ST-ZIP		
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.					
SIGNATURE: <u><i>Selma Verse</i></u>				DATE: <u><i>3/27/07</i></u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date	
				Daytime Phone #	