

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 30, 2003 8:00 am
Secretary of State

01-30-2003 90108 018 ****61.25

DOCUMENT # **N93000005358**

1. Entity Name

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

2. Principal Place of Business: Suite, Apt. #, etc.

3. Mailing Address: Suite, Apt. #, etc.

City & State

Zip Country Zip Country



CHECK HERE IF MAKING CHANGES

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
**KEITH RIZZARDI, ATTORNEY AT LAW
WATER MANAGEMENT DISTRICT
3301 GUN CLUB RD
WEST PALM BEACH FL 33406**

7. Name and Address of New Registered Agent
Name: **Bertram "Bud" Tamarkin**
Street Address (P.O. Box Number is Not Acceptable): **120 Sunset Avenue, Apt. 4D**
City: **Palm Beach** FL Zip Code: **33480**

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* **Bud Tamarkin, Director** DATE: **01/23/2003**

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 Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	NICHOLSON, JACQUIE	
STREET ADDRESS	800 MEADOWS RD	
CITY-ST-ZIP	BOCA RATON FL 33486	
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 checked="" type="checkbox"/> Delete
NAME	MONNETTE, MICHAEL	
STREET ADDRESS	6249 FOREST HILL BLVD	
CITY-ST-ZIP	WEST PALM BEACH FL 33415	
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 checked="" type="checkbox"/> Delete
NAME	TAMARKIN, BERT	
STREET ADDRESS	120 SUNSET AVENUE APT 4D	
CITY-ST-ZIP	PALM BEACH FL 33480	

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Nicholson, Jacqueline	
STREET ADDRESS	800 Meadows Road	
CITY-ST-ZIP	Boca Raton, FL 33486	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	McCarthy, Patricia	
STREET ADDRESS	Delray Med. Ctr. 5352 Linton Blvd.	
CITY-ST-ZIP	Delray Beach, FL 33484	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Armstrong, Ron	
STREET ADDRESS	3300 Forest Hill Blvd.	
CITY-ST-ZIP	West Palm Beach, FL 33406	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Verse, Selma	
STREET ADDRESS	2724 N.E. 27th Court	
CITY-ST-ZIP	Ft. Lauderdale, FL 33306	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Banks, Lynn	
STREET ADDRESS	7100 Fairway Drive - Suite 40	
CITY-ST-ZIP	Palm Beach Gardens, FL 33418	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Rodriguez, Pierre	
STREET ADDRESS	254 Sunrise Avenue	
CITY-ST-ZIP	Palm Beach, FL 33480	

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* **Jacqueline Nicholson, President** DATE: **01/28/03** PHONE: **(561) 393-4159**

CR2E037 (10/02)