

**PALM BEACH COUNTY
BOARD OF COUNTY COMMISSIONERS
BOARD APPOINTMENT SUMMARY**

Meeting Date: February 27, 2007

Department: Community Services

Advisory Board: Treasure Coast Health Council, Inc.

I. EXECUTIVE BRIEF

Motion and Title: **Staff recommends motion to approve:** Reappointment of the following individuals to the Treasure Coast Health Council, Inc. Advisory Board for a term of two years, effective February 6, 2007.

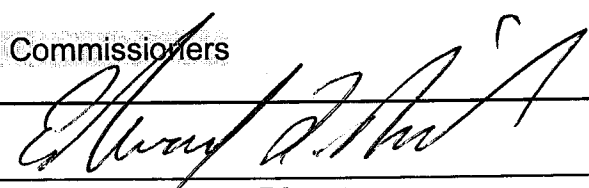
| <u>Seat No.</u> | <u>Reappointment</u> | <u>Seat Requirement</u> | <u>Nominated By</u> |
|-----------------|----------------------|-------------------------|---|
| 2 | Dr. Edward Fischman | Health Care Provider | Comm. Addie L. Greene Comm. Jeff Koons |
| 3 | Emmy Rayne | Health Care Consumer | Comm. Addie L. Greene Comm. Jeff Koons |
| 4 | Norman Schattner | Health Care Consumer | Comm. Addie L. Greene Comm. Jeff Koons |
| 5 | Lillian DeCicco | Health Care Provider | Comm. Addie L. Greene Comm. Jeff Koons |
| 7 | Robert D. Hays, PhD | Health Care Purchaser | Comm. Addie L. Greene Comm. Jeff Koons |
| 9 | Marnie Ritchie Poncy | Health Care Consumer | Comm. Addie L. Greene Comm. Jeff Koons |

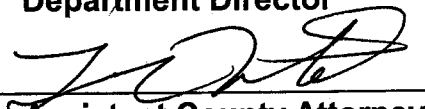
Summary: Local health councils are established under Section 408.033, Florida Statutes. This section and the Council Bylaws define the membership composition. On January 24, 2007, written notice was sent to each Commissioner to request nominations in accordance with PPM CW-O-023. The Council consists of twelve (12) members; seven (7) representatives for Palm Beach County; one (1) member appointed by Indian River County, one (1) member appointed by Martin County, one (1) member appointed by Okeechobee County, and two (2) members appointed by St. Lucie County. The appointees shall be representatives of health care providers, health care purchasers, and non-governmental health care consumers, but not excluding elected government officials. A majority of the Council members must be health care purchasers and health care consumers and the Council must include a representative number of persons over 60 years of age. Appointments are for a term of two (2) years and members are eligible for reappointment. Countywide (TKF)

Background and Justification: The Treasure Coast Health Council was established for the purpose of defining health service needs and assisting health care facilities, health care providers and hospices to develop programs of service that will assure the best possible health service to the community. The above current members are requesting reappointment to the Council.

Attachments:

- Board Appointment information forms (6)
- Current Board Listing
- Copy of Memo sent to Commissioners

Recommended by:  2-12-2007
Department Director **Date**

Legal Sufficiency:  2-15-07
Assistant County Attorney **Date**

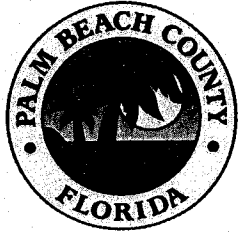
II. REVIEW COMMENTS

A. Other Department Review:

Department Director

REVISED 06/92
ADM FORM 03
(THIS SUMMARY IS NOT TO BE USED AS A BASIS FOR PAYMENT.)

JAN 25 2007



INTER-AGENCY MEMORANDUM

Department of Community Services

810 Datura Street
West Palm Beach, FL 33401
(561) 355-4700
FAX: (561) 355-3863
www.pbcgov.com

DATE: January 24, 2007

TO: Honorable Addie L. Greene, Chairperson and
Members of the Board of County Commissioners

FROM: Edward L. Rich, Director 
Community Services Department

RE: BOARD APPOINTMENTS - TREASURE COAST
HEALTH COUNCIL, INC.

The Treasure Coast Health Council, Inc. has made a recommendation that the following nominees be reappointed to the board:

| <u>Seat #</u> | <u>Appointee</u> | <u>Seat Requirement</u> |
|---------------|----------------------|-------------------------|
| 2 | Dr. Edward Fischman | Health Care Provider |
| 3 | Emmy Rayne | Health Care Consumer |
| 4 | Norman Schattner | Health Care Consumer |
| 5 | Lillian DeCicco | Health Care Provider |
| 7 | Robert D. Hays, PhD | Health Care Purchaser |
| 9 | Marnie Ritchie Poncy | Health Care Consumer |

The Treasure Coast Health Council was established for the purpose of defining health service needs and assisting health care facilities, health care providers and hospices to develop programs of service that will assure the best possible health service to the community. The above current members are requesting reappointment to the Council.

The Board Appointment Information Forms for each nominee are attached for your perusal.

Please sign and return each approved form to Toni Summerville, Community Services Administration by **February 2** to place on the February 27, 2007 BOCC agenda.

Attachments

- cc: Commissioner Jeff Koons, Vice Chair
- Commissioner Karen T. Marcus
- Commissioner Warren H. Newell
- Commissioner Mary McCarty
- Commissioner Burt Aaronson
- Commissioner Jess R. Santamaria

**Palm Beach County
Board of County
Commissioners**

Addie L. Greene, Chairperson

Jeff Koons, Vice Chair

Karen T. Marcus

Warren H. Newell

Mary McCarty

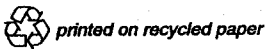
Burt Aaronson

Jess R. Santamaria

County Administrator

Robert Weisman

"An Equal Opportunity
Affirmative Action Employer"



12/2006 updated

Treasure Coast Health Council, Inc.
Advisory Board Members

| Seat ID | Current Member | Race Code | Business/ Home Phone | Requirement | Appoint Date | Expire Date |
|---------|--|-----------|----------------------|---------------------|--------------|-------------|
| 1 | Vacant | | | Indian River County | | |
| 2 | Dr. Edward Fischman North County Foot & Ankle 3900 E. Indiantown Road Jupiter, FL 33477 | WM | (561) 7456-8700 | Palm Beach County | 08/04/06 | 08/01/06 |
| 3 | Emmy S. Rayne 405 H Sea Oats Drive Juno Beach, FL 33408 | WF | (561) 624-9053 | Palm Beach County | 08/01/04 | 08/01/06 |
| 4 | Norma Schattner 19874 Loxahatchee Pointe Drive Jupiter, FL 33458 | WF | (561) 748-0242 | Palm Beach County | 08/01/04 | 08/01/06 |
| 5 | Lillian DeCicco 1131 W. 25th Street Riviera Beach, FL 33408 | BF | (561) 848-7324 | Palm Beach County | 08/01/04 | 08/01/06 |
| 6 | Vacant | UN | | Palm Beach County | | |
| 7 | Robert D. Hays, PhD 157 Apollo Circle Jupiter, FL 33477 | WM | (561) 297-3198 | Palm Beach County | 08/01/04 | 08/01/06 |
| 8 | Deborah Irvine, R.N. 8900 S.E. Robwyn Street Hobe Sound, FL 33455 | WF | (772) 545-3986 | Martin County | 11/01/04 | 11/01/06 |
| 9 | Marnie Ritchie Poncy | WF | (561) 655-8944 | Palm Beach County | 08/01/04 | 08/01/06 |

Treasure Coast Health Council, Inc.
Advisory Board Members

5380 North Ocean Drive
Singer Island, FL 33404

- | | | | | | |
|---|----|----------------|-------------------|----------|----------|
| 10 Dr. Richard Claassen, PhD 403 Hays Road Fort Pierce, FL 34950 | WM | (772) 461-3103 | St. Lucie County | 08/01/06 | 08/04/06 |
| 11 Faye A. Haverlock Lifestyles & Healthcare Mgmt. PO Box 759 Okeechobee, FL 34973 | WF | (863) 467-4440 | Okeechobee County | 08/01/04 | 08/01/06 |
| 12 | UN | | St. Lucie County | | |

**PALM BEACH COUNTY
BOARD OF COUNTY COMMISSION
BOARD APPOINTMENT INFORMATION FORM**

Part I:

Board Name: TREASURE COAST HEALTH COUNCIL, INC
 At Large Appointment or District Appointment

Term of Appointment: 2 years. From 2006 To 2008

Seat Requirement: HEALTH CARE PROVIDER Seat # 2

Reappointment or New Appointment

or to complete the term of

due to: resignation other

completion of term to expire on:

Part II: APPLICANT, UNLESS EXEMPTED, MUST BE A COUNTY RESIDENT

Name: DR. EDWARD FISCHMAN

Occupation/Affiliation: PODIATRIC SURGEON

Business Name: NORTH COUNTY FOOT + ANKLE

Business Address: 3900 E. INDIANTOWN RD.

City & State: JUPITER, FL Zip Code: 33477

Residence Address:

City & State: JUPITER, FL Zip Code:

Home Phone: _____ Business Phone: (561) 745-8700

Mailing Address preference: Business Address Residence Other or other:

Minority Identification Code:

| | |
|---|--|
| <input type="checkbox"/> JIF (American Indian Female) | <input type="checkbox"/> JIM (American Indian Male) |
| <input type="checkbox"/> JAF (Asian Female) | <input type="checkbox"/> JAM (Asian Male) |
| <input type="checkbox"/> JBF (Black Female) | <input type="checkbox"/> JBM (Black Male) |
| <input type="checkbox"/> JHF (Hispanic Female) | <input type="checkbox"/> JHM (Hispanic Male) |
| <input type="checkbox"/> JWF (White Female) | <input checked="" type="checkbox"/> JWM (White Male) |

Part III: COMMISSIONER COMMENTS

Appointment to be made at BCC Meeting on:

***When a person is being considered for re-appointment, the number and nature of previously disclosed voting conflicts shall be considered by the Board of County Commissioners.**

___ Number of previously disclosed voting conflicts.

Signature: Albie Greene

Date: 01-25-07

PALM BEACH COUNTY
BOARD OF COUNTY COMMISSION
BOARD APPOINTMENT INFORMATION FORM

Part I:

Board Name: TREASURE COAST HEALTH COUNCIL, INC
 At Large Appointment or District Appointment

Term of Appointment: 2 years. From 2006 To 2008

Seat Requirement: HEALTH CARE PROVIDER Seat # 2

Reappointment or New Appointment

or to complete the term of

due to: resignation other

completion of term to expire on:

Part II: APPLICANT, UNLESS EXEMPTED, MUST BE A COUNTY RESIDENT

Name: DR. EDWARD FISCHMAN

Occupation/Affiliation: PODIATRIC SURGEON

Business Name: NORTH COUNTY FOOT + ANKLE

Business Address: 3900 E. INDIANTOWN RD.

City & State: JUPITER, FL Zip Code: 33477

Residence Address:

City & State: JUPITER, FL Zip Code:

Home Phone: _____ Business Phone: (561) 745-8700

Mailing Address preference: Business Address Residence Other or other:

Minority Identification Code:

- | | |
|---|--|
| <input type="checkbox"/> JIF (American Indian Female) | <input type="checkbox"/> JIM (American Indian Male) |
| <input type="checkbox"/> JAF (Asian Female) | <input type="checkbox"/> JAM (Asian Male) |
| <input type="checkbox"/> JBF (Black Female) | <input type="checkbox"/> JBM (Black Male) |
| <input type="checkbox"/> JHF (Hispanic Female) | <input type="checkbox"/> JHM (Hispanic Male) |
| <input type="checkbox"/> JWF (White Female) | <input checked="" type="checkbox"/> JWM (White Male) |

Part III: COMMISSIONER COMMENTS

Appointment to be made at BCC Meeting on:

***When a person is being considered for re-appointment, the number and nature of previously disclosed voting conflicts shall be considered by the Board of County Commissioners.**

___ Number of previously disclosed voting conflicts.

Signature: JFischman

Date: 1/29/07

Appoint.frm revised 3/7/97

2007 JAN 31 AM 10:40
PALM BEACH COUNTY
COMMUNITY SERVICES

**PALM BEACH COUNTY
BOARD OF COUNTY COMMISSION
BOARD APPOINTMENT INFORMATION FORM**

Part I:

Board Name: TREASURE COAST HEALTH COUNCIL, INC.
 At Large Appointment or District Appointment

Term of Appointment: 2 years. From 2004 To 2008

Seat Requirement: HEALTH CARE CONSUMER - AGE 60+ Seat # 3

Reappointment or New Appointment

or to complete the term of

due to: resignation other

completion of term to expire on:

Part II: APPLICANT, UNLESS EXEMPTED, MUST BE A COUNTY RESIDENT

Name: EMMY S. RAYNE

Occupation/Affiliation: RETIRED

Business Name:

Business Address:

City & State: _____ Zip Code:

Residence Address: 406 H SEA CATS DRIVE

City & State: JUNO BEACH, FL Zip Code: 33408

Home Phone: _____ Business Phone: (561) 624-9053

Mailing Address preference: Business Address Residence Other or other:

Minority Identification Code:

- | | |
|--|--|
| <input type="checkbox"/> IF (American Indian Female) | <input type="checkbox"/> IM (American Indian Male) |
| <input type="checkbox"/> AF (Asian Female) | <input type="checkbox"/> AM (Asian Male) |
| <input type="checkbox"/> BF (Black Female) | <input type="checkbox"/> BM (Black Male) |
| <input type="checkbox"/> HF (Hispanic Female) | <input type="checkbox"/> HM (Hispanic Male) |
| <input checked="" type="checkbox"/> WFF (White Female) | <input type="checkbox"/> WM (White Male) |

Part III: COMMISSIONER COMMENTS

Appointment to be made at BCC Meeting on:

***When a person is being considered for re-appointment, the number and nature of previously disclosed voting conflicts shall be considered by the Board of County Commissioners.**

___ Number of previously disclosed voting conflicts.

Signature: Aldie Greene

Date: 01-25-07

**PALM BEACH COUNTY
BOARD OF COUNTY COMMISSION
BOARD APPOINTMENT INFORMATION FORM**

Part I:

Board Name: TREASURE COAST HEALTH COUNCIL, INC.
 At Large Appointment or District Appointment

Term of Appointment: 2 years. From 2006 To 2008

Seat Requirement: HEALTH CARE CONSUMER - AGE 60+ Seat # 3

Reappointment or New Appointment

or to complete the term of

due to: resignation other

completion of term to expire on:

Part II: APPLICANT, UNLESS EXEMPTED, MUST BE A COUNTY RESIDENT

Name: EMMY S. RAYNE

Occupation/Affiliation: RETIRED

Business Name:

Business Address:

City & State: _____ Zip Code:

Residence Address: 406 H SEA CATS DRIVE

City & State: JUNO BEACH, FL Zip Code: 33408

Home Phone: _____ Business Phone: (561) 624-9053

Mailing Address preference: Business Address Residence Other or other:

Minority Identification Code:

JIF (American Indian Female) JIM (American Indian Male)
 JAF (Asian Female) JAM (Asian Male)
 JBF (Black Female) JBM (Black Male)
 JHF (Hispanic Female) JHM (Hispanic Male)
 JWF (White Female) JWM (White Male)

Part III: COMMISSIONER COMMENTS

Appointment to be made at BCC Meeting on:

***When a person is being considered for re-appointment, the number and nature of previously disclosed voting conflicts shall be considered by the Board of County Commissioners.**

___ Number of previously disclosed voting conflicts.

Signature: JFK

Date: 1/24/07

**PALM BEACH COUNTY
BOARD OF COUNTY COMMISSION
BOARD APPOINTMENT INFORMATION FORM**

Part I:

Board Name: TREASURE COAST HEALTH COUNCIL, INC.

At Large Appointment or District Appointment

Term of Appointment: 2 years. From 2006 To 2008

Seat Requirement: HEALTH CARE CONSUMER - 60+ AGE Seat # 4

Reappointment or New Appointment

or to complete the term of

due to: resignation other

completion of term to expire on:

Part II: APPLICANT, UNLESS EXEMPTED, MUST BE A COUNTY RESIDENT

Name: NORMA SCHATTNER

Occupation/Affiliation:

Business Name:

Business Address:

City & State: _____ Zip Code: _____

Residence Address: 19874 LOXAHATCHEE POINTE DRIVE

City & State: JUPITER, FL Zip Code: 33458

Home Phone: _____ Business Phone: (561) 748-0242

Mailing Address preference: Business Address Residence Other or other:

Minority Identification Code:

| | |
|--|---|
| <input type="checkbox"/> JIF (American Indian Female) | <input type="checkbox"/> JIM (American Indian Male) |
| <input type="checkbox"/> JAF (Asian Female) | <input type="checkbox"/> JAM (Asian Male) |
| <input type="checkbox"/> JBF (Black Female) | <input type="checkbox"/> JBM (Black Male) |
| <input type="checkbox"/> JHF (Hispanic Female) | <input type="checkbox"/> JHM (Hispanic Male) |
| <input checked="" type="checkbox"/> JWF (White Female) | <input type="checkbox"/> JWM (White Male) |

Part III: COMMISSIONER COMMENTS

Appointment to be made at BCC Meeting on:

***When a person is being considered for re-appointment, the number and nature of previously disclosed voting conflicts shall be considered by the Board of County Commissioners.**

___ Number of previously disclosed voting conflicts.

Signature: Addie Greene Date: 01-25-07

**PALM BEACH COUNTY
BOARD OF COUNTY COMMISSION
BOARD APPOINTMENT INFORMATION FORM**

Part I:

Board Name: TREASURE COAST HEALTH COUNCIL, INC.
 At Large Appointment or District Appointment

Term of Appointment: 2 years. From 2006 To 2008

Seat Requirement: HEALTH CARE CONSUMER - NOT AGE Seat # 4

Reappointment or New Appointment

or to complete the term of

due to: resignation other

completion of term to expire on:

Part II: APPLICANT, UNLESS EXEMPTED, MUST BE A COUNTY RESIDENT

Name: NORMA SCHATTNER

Occupation/Affiliation:

Business Name:

Business Address:

City & State: _____ Zip Code:

Residence Address: 19874 LOXAHATCHEE POINTE DRIVE

City & State: JUPITER, FL Zip Code: 33458

Home Phone: _____ Business Phone: (561) 748-0242

Mailing Address preference: Business Address Residence Other or other:

Minority Identification Code:

- | | |
|--|---|
| <input type="checkbox"/> IIF (American Indian Female) | <input type="checkbox"/> IIM (American Indian Male) |
| <input type="checkbox"/> IAF (Asian Female) | <input type="checkbox"/> IAM (Asian Male) |
| <input type="checkbox"/> IBF (Black Female) | <input type="checkbox"/> IBM (Black Male) |
| <input type="checkbox"/> IHF (Hispanic Female) | <input type="checkbox"/> IHM (Hispanic Male) |
| <input checked="" type="checkbox"/> IWF (White Female) | <input type="checkbox"/> IWM (White Male) |

Part III: COMMISSIONER COMMENTS

Appointment to be made at BCC Meeting on:

***When a person is being considered for re-appointment, the number and nature of previously disclosed voting conflicts shall be considered by the Board of County Commissioners.**

___ Number of previously disclosed voting conflicts.

Signature: [Signature]

Date: 1/29/07

**PALM BEACH COUNTY
BOARD OF COUNTY COMMISSION
BOARD APPOINTMENT INFORMATION FORM**

Part I:

Board Name: TREASURE COAST HEALTH COUNCIL, INC.
 At Large Appointment or District Appointment

Term of Appointment: 2 years. From 2006 To 2008

Seat Requirement: HEALTH CARE PROVIDER Seat # 5

Reappointment or New Appointment

or to complete the term of

due to: resignation other

completion of term to expire on:

Part II: APPLICANT, UNLESS EXEMPTED, MUST BE A COUNTY RESIDENT

Name: LILLIAN DE CICCO

Occupation/Affiliation: PRIVATE NURSE

Business Name: SELF-EMPLOYED

Business Address: 1311 W. 25TH STREET

City & State: RIVIERA BEACH, FL Zip Code: 33404

Residence Address:

City & State: SAME AS ABOVE Zip Code:

Home Phone: _____ Business Phone: (561) 848-7324

Mailing Address preference: Business Address Residence Other or other:

Minority Identification Code:

IF (American Indian Female) IM (American Indian Male)
 AF (Asian Female) AM (Asian Male)
 BF (Black Female) BM (Black Male)
 HF (Hispanic Female) HM (Hispanic Male)
 WF (White Female) WM (White Male)

Part III: COMMISSIONER COMMENTS

Appointment to be made at BCC Meeting on:

***When a person is being considered for re-appointment, the number and nature of previously disclosed voting conflicts shall be considered by the Board of County Commissioners.**

____ Number of previously disclosed voting conflicts.

Signature: Adde Leone Date: 01-25-07

**PALM BEACH COUNTY
BOARD OF COUNTY COMMISSION
BOARD APPOINTMENT INFORMATION FORM**

Part I:

Board Name: TREASURE COAST HEALTH COUNCIL, INC.
 At Large Appointment or District Appointment

Term of Appointment: 2 years. From 2006 To 2008

Seat Requirement: HEALTH CARE PROVIDER Seat # 5

Reappointment or New Appointment

or to complete the term of

due to: resignation other

completion of term to expire on:

Part II: APPLICANT, UNLESS EXEMPTED, MUST BE A COUNTY RESIDENT

Name: LILLIAN DE CICCO

Occupation/Affiliation: PRIVATE NURSE

Business Name: SELF-EMPLOYED

Business Address: 1311 W. 25TH STREET

City & State: RIVIERA BEACH, FL Zip Code: 33404

Residence Address:

City & State: SAME AS ABOVE Zip Code:

Home Phone: _____ Business Phone: (561) 848-7324

Mailing Address preference: Business Address Residence Other or other:

Minority Identification Code:

| | |
|---|--|
| <input type="checkbox"/> IF (American Indian Female) | <input type="checkbox"/> IM (American Indian Male) |
| <input type="checkbox"/> AF (Asian Female) | <input type="checkbox"/> AM (Asian Male) |
| <input checked="" type="checkbox"/> BF (Black Female) | <input type="checkbox"/> BM (Black Male) |
| <input type="checkbox"/> HF (Hispanic Female) | <input type="checkbox"/> HM (Hispanic Male) |
| <input type="checkbox"/> WF (White Female) | <input type="checkbox"/> WM (White Male) |

Part III: COMMISSIONER COMMENTS

Appointment to be made at BCC Meeting on:

***When a person is being considered for re-appointment, the number and nature of previously disclosed voting conflicts shall be considered by the Board of County Commissioners.**

____ Number of previously disclosed voting conflicts.

Signature: [Signature]

Date: 1/29/07

**PALM BEACH COUNTY
BOARD OF COUNTY COMMISSION
BOARD APPOINTMENT INFORMATION FORM**

Part I:

Board Name: TREASURE COAST HEALTH COUNCIL, INC.
 At Large Appointment or District Appointment

Term of Appointment: 2 years. From 2006 To 2008

Seat Requirement: PURCHASER Seat # 7

Reappointment or New Appointment

or to complete the term of

due to: resignation other

completion of term to expire on:

Part II: APPLICANT, UNLESS EXEMPTED, MUST BE A COUNTY RESIDENT

Name: ROBERT D. HAYS, PH.D

Occupation/Affiliation: DIRECTOR HEALTH ADMINISTRATION PROGRAMS

Business Name: COLLEGE OF BUSINESS, FLORIDA ATLANTIC UNIV.

Business Address: FAN FLEMING HALL BUSINESS, EAST ROOM 120

City & State: BOCA RATON, FL Zip Code: 33431

Residence Address: 157 APOLLO CIRCLE

City & State: JUPITER, FL Zip Code: 33477

Home Phone: _____ Business Phone: (561) 297-3198

Mailing Address preference: Business Address Residence Other or other:

Minority Identification Code:

- | | |
|---|--|
| <input type="checkbox"/> JIF (American Indian Female) | <input type="checkbox"/> JIM (American Indian Male) |
| <input type="checkbox"/> JAF (Asian Female) | <input type="checkbox"/> JAM (Asian Male) |
| <input type="checkbox"/> JBF (Black Female) | <input type="checkbox"/> JBM (Black Male) |
| <input type="checkbox"/> JHF (Hispanic Female) | <input type="checkbox"/> JHM (Hispanic Male) |
| <input type="checkbox"/> JWF (White Female) | <input checked="" type="checkbox"/> JWM (White Male) |

Part III: COMMISSIONER COMMENTS

Appointment to be made at BCC Meeting on:

***When a person is being considered for re-appointment, the number and nature of previously disclosed voting conflicts shall be considered by the Board of County Commissioners.**

___ Number of previously disclosed voting conflicts.

Signature: Abbie Greene Date: 01-25-07

**PALM BEACH COUNTY
BOARD OF COUNTY COMMISSION
BOARD APPOINTMENT INFORMATION FORM**

Part I:

Board Name: TREASURE COAST HEALTH COUNCIL, INC.

At Large Appointment or District Appointment

Term of Appointment: 2 years. From 2006 To 2008

Seat Requirement: PURCHASER Seat # 7

Reappointment or New Appointment

or to complete the term of

due to: resignation other

completion of term to expire on:

Part II: APPLICANT, UNLESS EXEMPTED, MUST BE A COUNTY RESIDENT

Name: ROBERT D. HAYS, PHD

Occupation/Affiliation: DIRECTOR HEALTH ADMINISTRATION PROGRAMS

Business Name: COLLEGE OF BUSINESS, FLORIDA ATLANTIC UNIV.

Business Address: FAN FLEMING HALL BUSINESS, EAST ROOM 120

City & State: BOCA RATON, FL Zip Code: 33431

Residence Address: 157 APOLO CIRCLE

City & State: JUPITER, FL Zip Code: 33477

Home Phone: _____ Business Phone: (561) 297-3198

Mailing Address preference: Business Address Residence Other or other:

Minority Identification Code:

JIF (American Indian Female) JIM (American Indian Male)
 JAF (Asian Female) JAM (Asian Male)
 JBF (Black Female) JBM (Black Male)
 JHF (Hispanic Female) JHM (Hispanic Male)
 JWF (White Female) JWM (White Male)

Part III: COMMISSIONER COMMENTS

Appointment to be made at BCC Meeting on:

***When a person is being considered for re-appointment, the number and nature of previously disclosed voting conflicts shall be considered by the Board of County Commissioners.**

____ Number of previously disclosed voting conflicts.

Signature: [Signature]

Date: 1/29/07

**PALM BEACH COUNTY
BOARD OF COUNTY COMMISSION
BOARD APPOINTMENT INFORMATION FORM**

Part I:

Board Name: TREASURE COAST HEALTH COUNCIL, INC.
 At Large Appointment or District Appointment

Term of Appointment: 2 years. From 2006 To 2008

Seat Requirement: CONSUMER Seat # 9

**Reappointment or New Appointment

or to complete the term of

due to: resignation other

completion of term to expire on:

Part II: APPLICANT, UNLESS EXEMPTED, MUST BE A COUNTY RESIDENT

Name: MARNIE RITCHIE POWY

Occupation/Affiliation: LAWYER

Business Name: LEGAL AID OF PALM BEACH COUNTY

Business Address: 423 FERN STREET, SUITE 200

City & State: WEST PALM BEACH, FL Zip Code: 33401

Residence Address: 5380 NORTH OCEAN DRIVE

City & State: SINGER ISLAND, FL Zip Code: 33404

Home Phone: _____ Business Phone: (561) 655-8944 x 235

Mailing Address preference: Business Address Residence Other or other:

Minority Identification Code:

| | |
|--|---|
| <input type="checkbox"/> JIF (American Indian Female) | <input type="checkbox"/> JIM (American Indian Male) |
| <input type="checkbox"/> JAF (Asian Female) | <input type="checkbox"/> JAM (Asian Male) |
| <input type="checkbox"/> JBF (Black Female) | <input type="checkbox"/> JBM (Black Male) |
| <input type="checkbox"/> JHF (Hispanic Female) | <input type="checkbox"/> JHM (Hispanic Male) |
| <input checked="" type="checkbox"/> JWF (White Female) | <input type="checkbox"/> JWM (White Male) |

Part III: COMMISSIONER COMMENTS

Appointment to be made at BCC Meeting on:

***When a person is being considered for re-appointment, the number and nature of previously disclosed voting conflicts shall be considered by the Board of County Commissioners.**

____ Number of previously disclosed voting conflicts.

Signature: Albi Brown

Date: 01-25-07

**PALM BEACH COUNTY
BOARD OF COUNTY COMMISSION
BOARD APPOINTMENT INFORMATION FORM**

Part I:

Board Name: TREASURE COAST HEALTH COUNCIL, INC.
 At Large Appointment or District Appointment

Term of Appointment: 2 years. From 2006 To 2008

Seat Requirement: CONSUMER Seat # 9

**Reappointment or New Appointment

or to complete the term of

due to: resignation other

completion of term to expire on:

Part II: APPLICANT, UNLESS EXEMPTED, MUST BE A COUNTY RESIDENT

Name: MARNIE RITCHIE POWY

Occupation/Affiliation: LAWYER

Business Name: LEGAL AID OF PALM BEACH COUNTY

Business Address: 423 FERN STREET, SUITE 200

City & State: WEST PALM BEACH, FL Zip Code: 33401

Residence Address: 5380 NORTH OCEAN DRIVE

City & State: SINGER ISLAND, FL Zip Code: 33404

Home Phone: _____ Business Phone: (561) 655-8944 x 235

Mailing Address preference: Business Address Residence Other or other:

Minority Identification Code:

- | | |
|--|---|
| <input type="checkbox"/> JIF (American Indian Female) | <input type="checkbox"/> JIM (American Indian Male) |
| <input type="checkbox"/> JAF (Asian Female) | <input type="checkbox"/> JAM (Asian Male) |
| <input type="checkbox"/> JBF (Black Female) | <input type="checkbox"/> JBM (Black Male) |
| <input type="checkbox"/> JHF (Hispanic Female) | <input type="checkbox"/> JHM (Hispanic Male) |
| <input checked="" type="checkbox"/> JWF (White Female) | <input type="checkbox"/> JWM (White Male) |

Part III: COMMISSIONER COMMENTS

Appointment to be made at BCC Meeting on:

***When a person is being considered for re-appointment, the number and nature of previously disclosed voting conflicts shall be considered by the Board of County Commissioners.**

___ Number of previously disclosed voting conflicts.

Signature: [Signature]

Date: 1/29/07