

**PALM BEACH COUNTY  
BOARD OF COUNTY COMMISSIONERS**

**BOARD APPOINTMENT SUMMARY**

**Meeting Date:** June 8, 2010

**Department:** County Administration

**Advisory Board:** Health Facilities Authority

**I. EXECUTIVE BRIEF**

**Motion/Title:** Staff recommends motion to approve: reappointment of the following individual to the Palm Beach County Health Facilities Authority (Authority) for a term of four (4) years, effective May 1, 2010, to April 30, 2014:

<u>Nominee</u>	<u>Seat No.</u>	<u>Seat Requirement</u>	<u>Nominated by:</u>
Dr. Gerald Robinson	1	Palm Beach County Resident	Comm. Marcus Comm. Koons Comm. Abrams Comm. Aaronson Comm. Santamaria Comm. Taylor

**Summary:** Chapter 154.207, Florida Statutes, allows for the creation of a Health Facilities Authority, and in 1977, the Board of County Commissioners adopted Resolution R77-379, creating the Authority. The Authority is comprised of five (5) at-large residents of Palm Beach County. Dr. Robinson has served on the Authority since April 2006. He is eligible to serve another four (4) year term and has expressed a desire to be reappointed. A memo was distributed to the Board of County Commissioners on May 10, 2010 requesting nominations. No other nominations were received. District 4 (TKF)

**Background and Justification:** The Authority is charged with assisting health facilities in acquisition, construction, financing and refinancing of projects. The Authority has five (5) members currently filled and a diversity count of: four (4) White males (80%) and one (1) White female (20%).

**Attachments:**

1. Board Appointment Information Forms
2. Curriculum Vitae for Dr. Robinson
3. Palm Beach County Code of Ethics Form
4. Guide to Sunshine Amendment Form
5. Memo dated May 10, 2010 requesting nominations
6. Current List of Board Members
7. Resolution R77-379 creating the Authority

**Recommended by:**

Patty Hinkle  
Agenda Coordinator

5/25/10  
Date

**Legal Sufficiency:**

[Signature]  
Assistant County Attorney

5/28/10  
Date

**II. REVIEW COMMENTS**

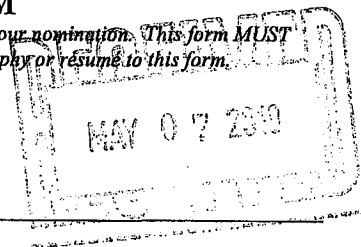
**A. Other Department Review:**

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**Department Director**

PALM BEACH COUNTY  
BOARD OF COUNTY COMMISSIONERS  
ADVISORY BOARD NOMINEE INFORMATION FORM

The information provided on this form will be used by County Commissioners and/or the entire Board in considering your nomination. This form MUST BE COMPLETED IN FULL. Answer "none" or "not applicable" where appropriate. Further, please attach a biography or resume to this form.



**Part I (to be filled out by Department):** (Please Print)

Board Name: Health Facilities Authority

☒ At Large Appointment      or      ☐ District Appointment

Term of Appointment: 4 Years.      From: 5/1/10      To: 4/30/2014

Seat Requirement: No special Requirement - PBC Resident      Seat #: 1

☐ \*Reappointment      or      ☐ New Appointment

or ☐ to complete the term of \_\_\_\_\_ Due ☐ resignation ☐ other to: \_\_\_\_\_

Completion of term to expire on: \_\_\_\_\_

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

\_\_\_\_\_ Number of previously disclosed voting conflicts during the previous term

**Part II (to be filled out and signed by Applicant):** (Please Print)

**APPLICANT, UNLESS EXEMPTED, MUST BE A COUNTY RESIDENT**

Name: Robinson Last      Gerald First      N. Middle

Occupation/Affiliation: Physician - President & CEO

Business Name: Surgical Associates of Palm Beach County

Business Address: 670 Glades Rd, #300

City & State: Boca Raton FL Zip Code: 33431

Residence Address: 7187 Mandarin Drive

City & State: Boca Raton FL Zip Code: 33433

Home Phone: (21) 483-7128 Business Phone: (21) 395-2626 Ext.

Cell Phone: (21) 251-5304 Fax: (561) 395-7026

Email Address: \_\_\_\_\_

Mailing Address preference: ☒ Business ☐ Residence

Have you ever been convicted of a felony: Yes \_\_\_\_\_ No ☒

If Yes, state the court, nature of offense, disposition of case and date: \_\_\_\_\_

**Minority Identification Code:**

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

Applicant's Signature: [Signature] Date: 5/3/10

**Part III (to be filled out by Commissioner):**

Appointment to be made at BCC Meeting on: Cindy 6/8/10

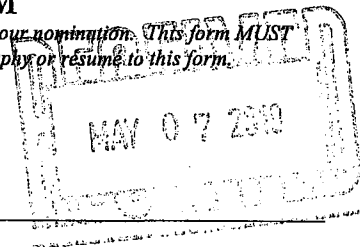
Commissioner's Signature: Cindy DeStefano for Comm. Marcus Date: 5/12/10

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Revised 1/2010

PALM BEACH COUNTY  
BOARD OF COUNTY COMMISSIONERS  
ADVISORY BOARD NOMINEE INFORMATION FORM

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Cell Phone: (21) 251-5304 Fax: (21) 395-7026

Email Address: \_\_\_\_\_

Mailing Address preference: ☒ Business ☐ Residence

Have you ever been convicted of a felony: Yes \_\_\_\_\_ No ☒

If Yes, state the court, nature of offense, disposition of case and date: \_\_\_\_\_

**Minority Identification Code:**

☐ IF (Native-American Female) ☐ IM (Native-American Indian Male)  
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Applicant's Signature: [Signature] Date: 5/3/10

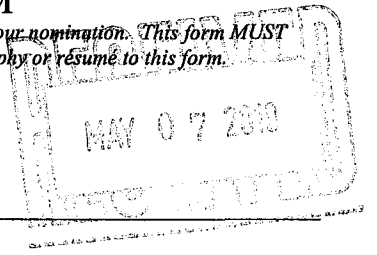
**Part III (to be filled out by Commissioner):**

Appointment to be made at BCC Meeting on: 6/8/10

Commissioner's Signature: [Signature] Date: 5/11/10

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Applicant's Signature: [Signature] Date: 5/13/10

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Home Phone: (407) 483-7128 Business Phone: (407) 395-2626 Ext.

Cell Phone: (407) 251-5304 Fax: (561) 395-7026

Email Address: grobenson@SAPBC.NET

Mailing Address preference: ☒ Business ☐ Residence

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If Yes, state the court, nature of offense, disposition of case and date: \_\_\_\_\_

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Applicant's Signature: [Signature] Date: 5/3/10

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**Part III (to be filled out by Commissioner):**

Appointment to be made at BCC Meeting on: 6/8/10

Commissioner's Signature: [Signature] Date: \_\_\_\_\_



**GERALD N. ROBINSON, M.D.  
CURRICULUM VITAE**

**MEDICAL PRACTICE:**      **Surgical Associates of Palm Beach County**  
670 Glades Road, Suite 300  
Boca Raton, Florida 33431  
561-395-2626

**EDUCATION:**      1960—1964      B.S., Queens College, City University of New York  
1965—1969      M.D., Howard Medical School, Washington, DC

**INTERNSHIP:**      1969—1970      General Surgery  
Mayo Clinic, 200 First Street, SW  
Rochester, Minnesota 55905  
507-284-2511 (Fax: 507-284-0161)

**RESIDENCY:**      1972—1976      General Surgery  
Mayo Clinic, Rochester, Minnesota  
7/1/75—7/1/76 Chief Resident (General Surgery)

**MILITARY:**      1970—1972      Captain, United States Air Force  
Homestead Air Force Base, Florida

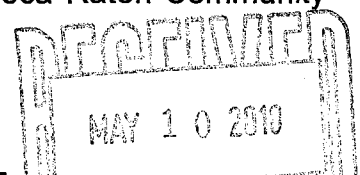
**LICENSURE:**      Florida: ME0017362

**BOARD CERTIFICATION:**      American Board of Surgery: #23263—12/17/1980-7/1/1991  
American Board of Surgery: Recertification—10/23/1987-7/1/1998  
American Board of Surgery: Recertification—10/20/1995-7/1/2008

**SPECIALTY:**      Vascular and General Surgery

**HOSPITAL AFFILIATIONS:**      Boca Raton Community Hospital  
800 Meadows Road  
Boca Raton, Florida 33486

**HOSPITAL APPOINTMENTS:**      Boca Raton Community Hospital:  
1983-1985      Chief, Department of Surgery  
1999-Present      Practicing Physician, Center for Wound Care  
and Hyperbaric Medicine  
1999-2004      Medical Director, Center for Wound Care and  
Hyperbaric Medicine  
2000-Present      Foundation Board Member  
2004-Present      Governance Committee  
2009-Present      Corporate Board Member Boca Raton Community  
Hospital



**GERALD N. ROBINSON, M.D.**  
**CURRICULUM VITAE**  
**PAGE 2 of 2**

ACADEMIC APPOINTMENTS:	1989—Present	Clinical Assistant Professor of Epidemiology and Public Health, University of Miami Miller School of Medicine, Miami, Florida
	2004—Present	Clinical Associate Professor of Biomedical Science, Florida Atlantic University Regional Campus of the University of Miami Miller School of Medicine

PROFESSIONAL APPOINTMENTS:	Fellow of the American College of Surgeons—10/25/1979	
	1985	Field Liaison Physician American College of Surgeons for American Cancer Society
	2000	President and Chief Executive Officer Surgical Associates of Palm Beach County
	2006	Health Facilities Authority Advisory Board/Palm Beach County (5/1/06—4/30/2010)
	2008 – Present	Board Member Palm Beach County Medical Society
	2009 – Present	Chairman Health Facilities Authority Advisory Board/Palm Beach County

PUBLICATIONS:	"Carcinoma of the Breast," <u>Mayo Clinic Proceedings</u> —July 1976
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PROFESSIONAL MEMBERSHIPS:	Alpha Omega Alpha Medical Honor Society American College of Surgeons American Hernia Society American Society of Abdominal Surgeons Florida Chapter, American College of Surgeons Florida Medical Association Florida Physicians Association Florida Surgical Society Florida Vascular Society Howard University Medical Alumni Association Mayo Alumni Association Palm Beach County Medical Society, Member of the Board Priestley Society Royal Society of Medicine Society for Clinical Vascular Surgery Society for Laparoendoscopic Surgeons Southeastern Surgical Congress
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TO: ADVISORY BOARD MEMBERS

FROM: ROBERT WEISMAN  
COUNTY ADMINISTRATOR

RE: PALM BEACH COUNTY CODE OF ETHICS

Effective May 1, 2010, contractual relationships between Palm Beach County government and advisory board members, their employers, or businesses, are prohibited conflicts of interest as set forth in the Palm Beach County Code of Ethics, Ordinance 2009-051. This conflict of interest must be waived by an affirmative vote of five (5) members of the Board of County Commissioners upon full disclosure at a public meeting in order to accept appointment to an advisory board. In the space provided below, please identify any such contractual relationships, or verify that none exist at this time. The Ordinance (2009-051) and the training requirement can be found on the web at: <http://www.pbcgov.com/ethics/advisory.htm>

<u>Type of Contract</u>	<u>Which Department/Division</u>	<u>Effective Date</u>	<u>Term</u>
<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>

☐ Yes, submit a waiver to the Board of County Commissioners, since I or my employer have/has the above named contract(s);

OR

☒ At this time, I nor my employer have contract(s) with the Board of County Commissioners

**As a (current or potential) advisory board member you are required to receive training on the PBC Code of Ethics and acknowledge that you have read and understand the PBC Code of Ethics Ordinance.**

If you are unable access the training and/or Ordinance on the web, please contact Patty Hindle at (561) 355-3229 for other arrangements.

**Acknowledgment of Receipt**

NAME: Gerald N. Robinson, M.D.  
Print or Type

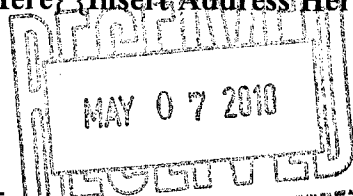
FIRM/COMPANY/ORGANIZATION: Surgical Associates of Palm Beach County  
ADVISORY BOARD(S): Palm Beach County Health Facilities Authority

I acknowledge that I have taken the required training; and read and understand the Palm Beach County Code of Ethics Ordinance, the provisions of which are effective May 1, 2010. I understand that as an advisory board member of the above-mentioned board(s) that I am bound by it.

Signature: Gerald Robinson M.D. Date: 5/13/10

Please sign and return this FORM to {Insert Liaison Name Here} {Insert Address Here}. A self-addressed envelope has been provided for your convenience.

Attachment # 3



4/23/10



**County Administration**

P.O. Box 1989

West Palm Beach, FL 33402-1989

(561) 355-2030

FAX: (561) 355-3982

www.pbcgov.com

**Palm Beach County  
Board of County  
Commissioners**

Burt Aaronson, Chair

Karen T. Marcus, Vice Chair

Jeff Koons

Shelley Vana

Steven L. Abrams

Jess R. Santamaria

Priscilla A. Taylor

**County Administrator**

Robert Weisman

**TO: ADVISORY BOARD MEMBERS**

**FROM: ROBERT WEISMAN  
COUNTY ADMINISTRATOR**

**RE: STATE GUIDE TO THE SUNSHINE AMENDMENT &  
CODE OF ETHICS**

As an appointee to a Palm Beach County Advisory Board, you must familiarize yourself with the State Guide to the Sunshine Amendment and Code of Ethics. The purpose of this guide is to ensure adherence to the highest standards of ethics, protect the integrity of County government and foster public confidence.

This guide addresses conflict of interest, disclosure, acceptance and reporting of gifts, use of position or property, voting conflicts, political activities, prohibition against misuse of the code, and enforcement. This Guide also addresses conflicts, prohibitions on doing business with the County or having conflicting employment or contractual relationships. The Guide can be found on the web at:  
<http://www.pbcgov.com/ethics/advisory.htm>

Please read and make yourself familiar with the Guide and return the acknowledgment form below to: Patty Hindle, P.O. Box 1989, West Palm Beach, Florida 33402-1989. If you cannot access this document on the web, please contact Patty Hindle at (561) 355-3229 for other arrangements.

**Acknowledgment of Receipt**

NAME: Gerald N. Robinson, MD  
Print or Type

ADVISORY BOARD(S): Health Facilities Authority

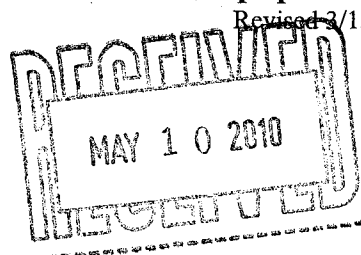
I acknowledge that I have read the State of Florida Guide to the Sunshine Amendment and the Code of Ethics. I understand that as an advisory board member of the above-mentioned board(s) that I am bound by it.

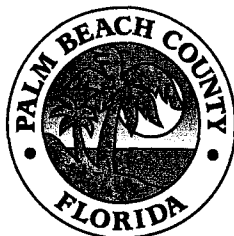
Signature: [Signature] Date: 5/7/10

Please sign and return to Administration in self-addressed envelope provided.

Revised 3/15/10

"An Equal Opportunity  
Affirmative Action Employer"





## MEMORANDUM

### County Administration

P.O. Box 1989  
West Palm Beach, FL 33402-1989  
(561) 355-2030  
FAX: (561) 355-3982  
www.pbcgov.com



### Palm Beach County Board of County Commissioners

Burt Aaronson, Chair  
Karen T. Marcus, Vice Chair  
Jeff Koons  
Shelley Vana  
Steven L. Abrams  
Jess R. Santamaria  
Priscilla A. Taylor

### County Administrator

Robert Weisman

**TO:** Commissioner Burt Aaronson, Chair and Members  
of the Board of County Commissioners

**FROM:** Patty Hindle, Agenda Coordinator  
County Administration *Patty*

**DATE:** May 10, 2010

**RE:** Health Facilities Authority

The Health Facilities Authority (Authority) is comprised of five (5) at-large members, and is charged with assisting health facilities in acquisition, construction, financing and refinancing of projects. The only requirement for this seat is that the nominee must be a resident of Palm Beach County.

Seat No. 1 currently held by Dr. Gerald Robinson expired on April 30, 2010. Dr. Robinson is eligible to serve another four (4) year term and has expressed a desire to continue to serve on the Authority. Dr. Robinson's Board Appointment Nominee Information Form and current Curriculum Vitae are enclosed. Dr. Robinson has also satisfied the new Code of Ethics requirements. Should you wish to support Dr. Robinson's reappointment, please sign and return the enclosed Form.

If you have an additional candidate you would like to recommend for this seat, please contact me with their name and contact information. I will follow up to ensure the candidate completes the necessary Ethics training and documents.

I would like to place this item for Board consideration at the June 8, 2010 meeting. A current board membership list is enclosed for your use.

If you have any questions, please contact me at 355-3229.

:pah  
Enclosures (3)



**PALM BEACH COUNTY  
BOARD OF COUNTY COMMISSIONERS  
HEALTH FACILITIES AUTHORITY**

**I. AUTHORITY :**

Chapter 74-323, Laws of Florida; Chapter 154, Florida Statutes Part III; Resolution No. R-77-379, adopted April 12, 1977; and Resolution No. R-77-398, amended by Resolution No. R-92-563.

**II. APPOINTING BODY :**

Board of County Commissioners

**III. COMPOSITION, QUALIFICATIONS, TERMS & REMOVAL :**

This Authority shall be composed of five (5) members appointed at-large to serve staggered terms of one (1), two (2), three (3) and two (2) four (4) year appointments. After initial appointments, all terms shall be for four (4) years. All terms shall expire in April.

**EXTENDED COMPOSITION :**

**IV. MEETINGS :**

Annual meetings are held the first Tuesday in April or May and other meetings are held as needed. The time of the meetings usually start at 4:00 p.m. The location of the meetings are at John Flanigan's Office, 660 U.S. Highway One, 3rd Floor, North Palm Beach, FL 33408

**V. FUNCTIONS :**

To assist health facilities in acquisition, construction, financing, and refinancing of projects; currently working on Health Center at Haverhill Road.

**VI. LIAISON INFORMATION :**

<u>LIAISON DEPARTMENT</u>	<u>CONTACT PERSON</u>	<u>ADDRESS</u>
County Administration	John Flanigan, Esq	660 U.S. Highway One Fl 3rd North Palm Beach FL 33401 Phone # 561-627-8100

Attachment #

5



HEALTH FACILITIES AUTHORITY

SEAT ID	CURRENT MEMBER	ROLE TYPE	RACE CODE	GENDER	BUSINESS / HOME PHONE	SEAT REQUIREMENT	APPOINT DATE	RE-APPOINT DATE	EXPIRE DATE
Appointed By : AT Large									
1	Gerald Robinson Surgical Associates of PBC 670 Glades Rd Ste 300 Boca Raton FL 33431	Member	CA	M	561-395-2626	Resident of Palm Beach County	05/01/2006		04/30/2010
NOMINATED BY :									
2	Christopher Roemer  123 Andover Dr Jupiter FL 33458	Member	CA	M	--	Resident of Palm Beach County	08/18/2009		04/30/2013
NOMINATED BY :									
3	Timothy Monaghan Stawn, Monaghan & Cohen, P.A. 404 NW 18th St Delray Beach FL 33444	Member	CA	M	--	Resident of Palm Beach County	02/27/2007	05/01/2008	04/30/2012
NOMINATED BY :									
4	James Howell  6411 Grand Cypress Cir West Palm Beach FL 33463	Member	CA	M	--	Resident of Palm Beach County	01/15/2008		04/30/2011
NOMINATED BY :									

**Appointed By : AT Large**

5	Tenna Wiles Palm Beach Medical Society 3540 Forest Hill Blvd Ste West Palm Beach FL 33406	Member	CA	F	561-433-3940	Resident of Palm Beach County	03/13/2007	04/30/2011
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**NOMINATED BY :**



RESOLUTION ESTABLISHING THE PALM BEACH COUNTY  
COUNTY HEALTH FACILITY AUTHORITY

WHEREAS, Chapter 74-323, Laws of Florida, Acts of 1974, Chapter 154 Florida Statutes, Part III, authorizes the creation of a health facility authority in each county of Florida as a public body corporate and politic for the purpose of assisting health facilities in the acquisition, construction, financing and refinancing of projects in any incorporated or unincorporated area within the geographical limits of the county, and

WHEREAS, this law authorizes the governing body of each county to designate five persons who are residents of the county as members of the Authority created for such county, and

WHEREAS, the Board of County Commissioners finds that it would be in the public interest to create such an authority in Palm Beach County,

NOW, THEREFORE, BE IT RESOLVED BY THE COUNTY COMMISSION OF PALM BEACH COUNTY, FLORIDA:

Section 1. The Board of County Commissioners finds and declares that there is a need for a health facilities authority to function in Palm Beach County, Florida, for the purposes authorized and set forth in Chapter 74-323, Laws of Florida, Acts of 1974.

Section 2. An authority, henceforth to be known as the "Palm Beach County Health Facilities Authority", a public body corporate and politic, is hereby established and created for the purpose authorized by Chapter 74-323.

Section 3. The following persons who are residents of Palm Beach County are designated and appointed as members of the Palm Beach County Health Facilities Authority, namely:

Daniel H. James  
(Smith) who shall serve for a period of four years;

James K. Johnson  
(Kuller) who shall serve for a period of four years;

Fred Edelmut  
(Lynd) who shall serve for a period of three years;

Roy W. Brown, HD. who shall serve for a period of two years;  
(Bailey)  
\_\_\_\_\_ who shall serve for a period of one year.  
(Medlen)

The foregoing resolution was offered by Commissioner  
, who moved its adoption. The motion was seconded by  
Commissioner \_\_\_\_\_, and upon being put to a vote, the  
vote was as follows:

LAKE LYTAL  
PEGGY B. EVATT  
DENNIS P. KOEHLER  
WILLIAM MEDLEN  
BILL BAILEY

The Chairman thereupon declared the resolution duly  
passed and adopted this \_\_\_\_\_ day of \_\_\_\_\_, 1977.

PALM BEACH COUNTY, FLORIDA, BY ITS  
BOARD OF COUNTY COMMISSIONERS

JOHN B. DUNKLE, Clerk

By \_\_\_\_\_  
Deputy Clerk

APPROVED AS TO FORM AND  
LEGAL SUFFICIENCY

By Charles Viterone  
County Attorney