

**PALM BEACH COUNTY  
BOARD OF COUNTY COMMISSIONERS**

**BOARD APPOINTMENT SUMMARY**

**Meeting Date:** September 13, 2011  
**Department:** County Administration  
**Advisory Board:** Health Facilities Authority

**I. EXECUTIVE BRIEF**

**Motion/Title:** Staff recommends motion to approve: reappointment of the following individuals to the Palm Beach County Health Facilities Authority (Authority) for the term September 13, 2011, to April 30, 2015:

<u>Nominees</u>	<u>Seat No.</u>	<u>Seat Requirement</u>	<u>Nominated by:</u>
Dr. James T. Howell	4	Palm Beach County Resident	Comm. Burdick Comm. Abrams Comm. Taylor Comm. Marcus
Tenna Wiles	5	Palm Beach County Resident	Comm. Burdick Comm. Vana Comm. Abrams Comm. Taylor Comm. Marcus

**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. Howell has served on the Authority since 2008, and Ms. Wiles has served since 2007. Both are eligible to serve another term and have expressed a desire to be reappointed. A memo was distributed to the Board of County Commissioners on August 4, 2011 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. Resumes for Dr. Howell & Ms. Wiles
3. Palm Beach County Code of Ethics Forms
4. Guide to Sunshine Amendment Forms
5. Memo dated August 4, 2011 requesting nominations
6. Current List of Board Members
7. Resolution R77-379 creating the Authority

**Recommended by:** Patty Hurdle 8/23/11  
 Agenda Coordinator Date

**Legal Sufficiency:** [Signature] 8/25/11  
 Assistant County Attorney Date

## II. REVIEW COMMENTS

### A. Other Department Review:

---

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 résumé 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: 05/01/2011      To: 04/30/2015

Seat Requirement: Resident of Palm Beach County      Seat #: 5

\*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: Wiles Tenna  
Last First Middle

Occupation/Affiliation: CEO

Business Name: Palm Beach County Medical Society

Business Address: 3540 Forest Hill Blvd. Ste 101

City & State: West Palm Beach, Fl. Zip Code: 33406

Residence Address: 2402 Amherst Ct.

City & State: Baytown Beach Zip Code: 33436

Home Phone: ( ) Business Phone: (661) 433-3940 Ext. 12

Cell Phone: (661) 523-7057 Fax: (561) 433-2385

Email Address: tenna@pbems.org

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)  
 AF (Asian-American Female)       AM (Asian-American Male)  
 BF (African-American Female)       BM (African-American Male)  
 HF (Hispanic-American Female)       HM (Hispanic-American Male)  
 WF (Caucasian Female)       WM (Caucasian Male)

Applicant's Signature: Jennaviles      Date: 8/1/2011

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

Appointment to be made at BCC Meeting on: \_\_\_\_\_

Commissioner's Signature: Paula B. Burdick      Date: 8-15-2011

**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 résumé 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: 05/01/2011      To: 04/30/2015

Seat Requirement: Resident of Palm Beach County      Seat #: 5

\*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: Wiles Tenna  
Last First Middle

Occupation/Affiliation: CEO

Business Name: Palm Beach County Medical Society

Business Address: 3540 Forest Hill Blvd. Ste 101

City & State: West Palm Beach, Fl. Zip Code: 33406

Residence Address: 2402 Amherst Ct.

City & State: Boynton Beach Zip Code: 33436

Home Phone: ( ) Business Phone: (661) 433-3940 Ext. 12

Cell Phone: (661) 523-7057 Fax: (661) 433-2385

Email Address: tenna@pbcms.org

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 checked="" type="checkbox"/> WF (Caucasian Female) | <input type="checkbox"/> WM (Caucasian Male)              |

Applicant's Signature: Jennawiles      Date: 8/1/2011

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

Appointment to be made at BCC Meeting on: \_\_\_\_\_

Commissioner's Signature: Melley Tena      Date: \_\_\_\_\_



**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 résumé 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: 05/01/2011      To: 04/30/2015

Seat Requirement: Resident of Palm Beach County      Seat #: 5

\*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: Wiles Tenna \_\_\_\_\_  
Last First Middle

Occupation/Affiliation: CEO

Business Name: Palm Beach County Medical Society

Business Address: 3540 Forest Hill Blvd. Ste 101

City & State: West Palm Beach, FL Zip Code: 33406

Residence Address: 2402 Amherst Ct.

City & State: Baytown Beach Zip Code: 33436

Home Phone: ( ) Business Phone: (661) 433-3940 Ext. 12

Cell Phone: (561) 523-7057 Fax: (561) 433-2385

Email Address: tenna@pbems.org

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 checked="" type="checkbox"/> WF (Caucasian Female) | <input type="checkbox"/> WM (Caucasian Male)              |

Applicant's Signature: Jenna Wiles      Date: 8/1/2011

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

Appointment to be made at BCC Meeting on: \_\_\_\_\_  
Commissioner's Signature: Steve Abrams      Date: 8/8/11

**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 résumé 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: 05/01/2011      To: 04/30/2015

Seat Requirement: Resident of Palm Beach County      Seat #: 5

\*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: Wiles Tenna  
Last First Middle

Occupation/Affiliation: CEO

Business Name: Palm Beach County Medical Society

Business Address: 3540 Forest Hill Blvd. Ste 101

City & State: West Palm Beach, Fl. Zip Code: 33406

Residence Address: 2402 Amherst Ct.

City & State: Baytown Beach Zip Code: 33436

Home Phone: ( ) Business Phone: (661) 433-3940 Ext. 12

Cell Phone: (661) 523-7057 Fax: (661) 433-2385

Email Address: tenna@pbems.org

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 checked="" type="checkbox"/> WF (Caucasian Female) | <input type="checkbox"/> WM (Caucasian Male)              |

Applicant's Signature: Tenna Wiles      Date: 8/11/2011

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

Appointment to be made at BCC Meeting on: \_\_\_\_\_  
Commissioner's Signature: [Signature]      Date: 8/15/2011

**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 résumé 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: 05/01/2011      To: 04/30/2015

Seat Requirement: Resident of Palm Beach County      Seat #: 5

\*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: Wiles      Tenna      \_\_\_\_\_  
Last      First      Middle

Occupation/Affiliation: CEO

Business Name: Palm Beach County Medical Society

Business Address: 3540 Forest Hill Blvd. Ste 101

City & State: West Palm Beach, FL      Zip Code: 33406

Residence Address: 2402 Amherst Ct.

City & State: Baytown Beach      Zip Code: 33436

Home Phone: ( )      Business Phone: (609) 433-3940 Ext. 12

Cell Phone: (609) 523-7057      Fax: (609) 433-2385

Email Address: tenna@pbcms.org

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 checked="" type="checkbox"/> WF (Caucasian Female) | <input type="checkbox"/> WM (Caucasian Male)              |

Applicant's Signature: Jenna Wiles      Date: 8/1/2011

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

Appointment to be made at BCC Meeting on: \_\_\_\_\_

Commissioner's Signature: Cindy L De Felippo for      Date: 8/22/11  
Comm. Karen T. Marais

**Dr. Howell earned his Bachelor of Science degree from St. John's University in New York in 1962 and his Doctor of Medicine degree from the New York Medical College in 1966. Following an internship, he served as Captain in the Medical Services Corps of the United States Army and Chief of the Preventative Medical Division at Fort Sill, Oklahoma.**

**After completing a preventive medicine residency in Palm Beach County, Dr. Howell earned a Masters degree from the Harvard School of Public Health and completed the program for Senior Executives in State and Local Government at the John F. Kennedy School of Government at Harvard. He has served in numerous public health positions in Florida, including that of State Health Officer and Secretary of the Florida Department of Health.**

**Dr. Howell joined the faculty at Nova Southeastern University College of Osteopathic Medicine as Chair of the Department of Rural Medicine in 1999. He is also an Assistant Dean for Professional Relations and a Professor of Public Health. He coordinates and supervises the clinical rotations undertaken by students in underserved communities throughout the United States and the entire world. He teaches courses in rural medicine, lectures in public health and organizes educational programs that address unique aspects of rural and global medicine.**

**Dr. Howell played a key role in the founding of the Center for Bioterrorism and All-Hazards Preparedness at Nova Southeastern University. The Center was recognized as one of five national centers funded in part by the Health Resources Services Administration (HRSA) and the U.S. Department of Health and Human Services (DHHS).**

**In addition to FPHI, Dr. Howell serves as Chair of the Board of Lakeside Medical Center, and is Vice-Chair of the Palm Beach County Health Facilities Authority. He also serves on the Tobacco Education and Use Prevention Advisory Council of the Florida Department of Health. He has been a long time member of the Palm Beach County Medical Society, is a past President of the Palm Beach County**

**Medical Society Services and is a past Chair of the Project Access Leadership Committee. Dr. Howell serves as a delegate to the Florida Medical Association and is a member of the FMA Public Health Council. He has been a member of the Florida Public Health Association for many years.**

**In 2009, Dr. Howell was selected as the recipient of the South Florida Business Journal's Excellence in Health Care Awards Lifetime Achievement award.**

**Tenna Wiles**  
**2402 Amherst Court**  
**Boynton Beach, Florida 33436**

**Summary of Qualifications:** Proven successful executive leadership experience with non-profit professional associations and health and human service organizations

**Experience:**

Executive Director  
Palm Beach County Medical Society  
West Palm Beach, Florida 1998- present

Vice President  
United Way of Palm Beach County  
Boynton Beach, Florida 1988-1998

Planner  
Community Service Council  
Fort Lauderdale, Florida  
1987-88

Executive Director  
Children's Museum of Boca Raton  
1985-88

Executive Director  
Bethel -Tate Arts Council  
Bethel, Ohio 1982-85

Respiratory Therapist AART  
1969-1982  
Served more than 12 years in hospitals as a health care professional with a specialization in critical services

**Education:**

University of Cincinnati, Arts Administration Program, 1982  
Broward General Hospital, Graduate, Respiratory Therapy Training Program 1969  
University of Florida, Gainesville, Florida Liberal Arts 1966-68  
Mercer University, Macon, Georgia 1965-66

**Leadership**

President, Florida Conference of Medical Society Executive 2002  
Member, Board of Governors, Florida Medical Association 2003-2004  
President and Board Member Health Network of the Palm Beaches 2005-present  
Leadership Palm Beach County 2006  
President, Homeless Coalition of Palm Beach County 1993-95  
Campaign Cabinet, United Way of Palm Beach County 2006-2009  
United Way of Palm Beach County, Board of Directors 2009-2011



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 board members, their employers, or businesses, are prohibited conflicts of interest as set forth in Article XIII, Section 2-443(c) of the Palm Beach County Code of Ethics. 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. Article XIII and the training requirement can be found on the web at: <http://www.palmbeachcountyethics.com/training.htm>

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

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

OR

At this time, neither I nor my employer have contract(s) with the Board of County Commissioners

**As a (current or potential) 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.**

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

**Acknowledgement of Receipt**

NAME: James T Howell  
Print or Type

FIRM/COMPANY/ORGANIZATION: Nova Southeastern University

BOARD(S): PBC Health Facilities Authority

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

Signature: [Signature] Date: 6/19/2011

Please sign and return this FORM to Patty Hindle at P.O. Box 1989, West Palm Beach, Florida 33402-1989.



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 board members, their employers, or businesses, are prohibited conflicts of interest as set forth in Article XIII, Section 2-443(c) of the Palm Beach County Code of Ethics. 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. Article XIII and the training requirement can be found on the web at: <http://www.palmbeachcountyethics.com/training.htm>

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

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

OR

At this time, neither I nor my employer have contract(s) with the Board of County Commissioners

**As a (current or potential) 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.**

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

**Acknowledgement of Receipt**

NAME: Tenna Wiles  
 Print or Type

FIRM/COMPANY/ORGANIZATION: \_\_\_\_\_

BOARD(S): Health Facilities

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

Signature: Tenna Wiles Date: 8/1/11

Please sign and return this FORM to Patty Hindle at P.O. Box 1989, West Palm Beach, Florida 33402-1989.





**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**

Karen T. Marcus, Chair

Shelley Vana, Vice Chair

Paulette Burdick

Steven L. Abrams

Burt Aaronson

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 & STATE 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.palmbeachcountyethics.com/training.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, FL 33402-1989. If you cannot access this document on the web, please contact me at (561) 355-3229 for other arrangements.

**Acknowledgement of Receipt**

NAME: JAMES T. HOWELL MD, MPH  
Print or Type

ADVISORY BOARD(S): PALM BEACH COUNTY HEALTH FACILITIES BOARD

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: 6/19/11

Please sign and return to Patty Hindle, P.O. Box 1989, West Palm Beach, FL 33402-1989 in self-addressed envelope provided.

"An Equal Opportunity  
Affirmative Action Employer"



**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**

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

**County Administrator**

Robert Weisman

*"An Equal Opportunity  
Affirmative Action Employer"*

**TO:           ADVISORY BOARD MEMBERS**

**FROM:       ROBERT WEISMAN**  
**COUNTY ADMINISTRATOR**

**RE:           STATE GUIDE TO THE SUNSHINE**  
**AMENDMENT & STATE 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.palmbeachcountyethics.com/training.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, FL 33402-1989. If you cannot access this document on the web, please contact me at (561) 355-3229 for other arrangements.

**Acknowledgement of Receipt**

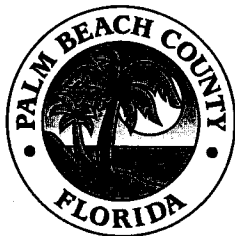
NAME: Tenna Wiles  
Print or Type

**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: Tenna Wiles      Date: 8/1/2011

**Please sign and return to Patty Hindle, P.O. Box 1989, West Palm Beach, FL 33402-1989 in self-addressed envelope provided.**



**PALM BEACH COUNTY  
COUNTY ADMINISTRATION**

**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**

Karen T. Marcus, Chair

Shelley Vana, Vice Chair

Paulette Burdick

Steven L. Abrams

Burt Aaronson

Jess R. Santamaria


Priscilla A. Taylor

**County Administrator**

Robert Weisman

**DATE:** August 4, 2011

**TO:** Commissioner Karen T. Marcus, Chair and Members of the Board of County Commissioners

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

**RE:** HEALTH FACILITIES AUTHORITY

---

Pursuant to Section 154.207, Florida Statutes, which allows for the creation of a Health Facilities Authority, the Board of County Commissioners adopted R77-379 creating same. The Health Facilities Authority (Authority Board) is comprised of five (5) at-large members and the Authority is charged with assisting health facilities in the acquisition, construction, financing and refinancing of projects. Members serve four (4) year terms.

Out of the five (5) seats, two (2) seats expired April 30, 2011. Both existing representatives, Dr. James T. Howell and Ms. Tenna Wiles are eligible for reappointment and have expressed a desire to continue. Both have satisfactorily completed all the appropriate Ethics and Sunshine Law training requirements. Dr. Howell has had perfect attendance since he was appointed in 2008. Ms. Wiles has had two excused absences out of twelve meetings held since she was last reappointed, due to out-of-town on business.

If you support the reappointment of Dr. Howell and/or Ms. Wiles, please sign and return the enclosed Board Nominee Information Forms. If you wish to have another candidate considered for appointment, please provide the candidate's contact information.

Staff would like to bring these appointments forward for Board consideration at its September 13, 2011 meeting. If you have any questions, please contact me at 355-3229.

C: Jon Van Arnam, Assistant County Administrator

*"An Equal Opportunity  
Affirmative Action Employer"*



printed on recycled paper

**Attachment #** 5



**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 F. Flanigan, Esq	660 U.S. Highway One Fl 3rd North Palm Beach FL 33408 Phone # 561-627-8100

**Attachment #**

6



HEALTH FACILITIES AUTHORITY

SEAT ID	CURRENT MEMBER	ROLE TYPE	RACE CODE	GENDER	BUSINESS / HOME PHONE	SEAT REQUIREMENT	APPOINT DATE	RE-APPOINT DATE	EXPIRE DATE
<b>Appointed By : AT Large</b>									
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	05/01/2010	04/30/2014
<b>NOMINATED BY :</b>									
2	Christopher Roemer  123 Andover Dr Jupiter FL 33458	Member	CA	M	--	Resident of Palm Beach County	08/18/2009		04/30/2013
<b>NOMINATED BY :</b>									
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
<b>NOMINATED BY :</b>									
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
<b>NOMINATED BY :</b>									

**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
---	---	--------	----	---	--------------	-------------------------------	------------	------------

**NOMINATED BY :**

4/12/77  
1B13

Resolution No. 77-379

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 (Kubler) who shall serve for a period of four years;

Fred Edelmutk (Lytal) who shall serve for a period of three years;

Roy W. Brown, MD. 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 Vitarac  
County Attorney



Select Year:

## The 2006 Florida Statutes

<u>Title XI</u>	<u>Chapter 154</u>	<u>View Entire</u>
COUNTY ORGANIZATION AND INTERGOVERNMENTAL RELATIONS	PUBLIC HEALTH FACILITIES	<u>Chapter</u>

### 154.207 Creation of health facilities authorities.--

(1) In each local agency there may be created a public body corporate and politic to be known as the "(name of local agency) Health Facilities Authority." Each of said authorities shall be constituted as a public instrumentality, and the exercise by an authority of the powers conferred by this part shall be deemed and held to be the performance of an essential public function. Each of said authorities shall not transact any business or exercise any power hereunder until and unless the governing body of the local agency by proper ordinance or resolution shall declare that there is a need for an authority to function in such local agency. The determination as to whether there is such need for an authority to function:

(a) May be made by the governing body on its own motion.

(b) May be made by the governing body upon the filing of a petition signed by 25 residents of the local agency asserting that there is need for an authority to function in such local agency and requesting that the governing body so declare.

(2) The governing body may abolish the authority at any time by ordinance or resolution. However, the authority shall not be abolished until such time as all bonded indebtedness incurred pursuant to this part has been paid.

(3) In any suit, action, or proceeding involving the validity or enforcement of, or relating to, any contract of the authority, the authority shall be conclusively deemed to have been established and authorized to transact business and exercise its powers hereunder by adoption of an ordinance or resolution by the governing body declaring the need for the authority. Such ordinance or resolution shall be sufficient if it declares that there is such a need for an authority in the local agency. A copy of such ordinance or resolution duly certified by the clerk shall be admissible in evidence in any suit, action, or proceeding.

(4) The governing body of the local agency shall designate five persons who are residents of the local agency as members of the authority created for said local agency. Of the members first appointed, one shall serve for 1 year, one for 2 years, one for 3 years, and two for 4 years; in each case until a successor is appointed and has qualified. Thereafter the governing body shall appoint, for terms of 4 years each, a member or members to succeed those whose terms expire. The governing body shall fill any vacancy for an unexpired term. A member of the authority shall be eligible for reappointment. Any member of the authority may be removed by the governing body for misfeasance, malfeasance, or willful neglect of duty. Each member of the authority, before entering upon his or her duties, shall take and subscribe the oath or affirmation required by the State Constitution. A record of each oath shall be filed in the Department of State and with the clerk.

(5) The authority shall annually elect one of its members as chair and one as vice chair.

(6) The authority shall keep a record of its proceedings and shall be custodian of all books, documents, and papers filed with it and of its minute book or journal and official seal. The authority shall cause copies to be made of all its minutes and other records and documents and shall give certificates under its official seal to the effect that such copies are true copies, and all persons dealing with it may rely upon such certificates.

(7) Three members of the authority shall constitute a quorum, and the affirmative vote of a majority of the members present at a meeting of the authority shall be necessary for any action taken by an authority. However, any action may be taken by the authority with the unanimous consent of all of its members. No vacancy in the membership of the authority shall impair the right of a quorum to exercise all the rights and perform all the duties of the authority. Any action taken by the authority under the provisions of this part may be authorized by resolution at any regular or special meeting, and each such resolution shall take effect immediately and need not be published or posted. All meetings of the authority, as well as all records, books, documents, and papers, shall be open and available to the public in accordance with s. 286.011.

(8) The members of the authority shall receive no compensation for the performance of their duties hereunder, but each member shall be paid his or her necessary expenses incurred while engaged in the performance of such duties pursuant to s. 112.061.

(9) Any general or special law, rule or regulation, or ordinance of any local agency to the contrary notwithstanding, service as a member of an authority by a trustee, director, officer, or employee of a health facility shall not in and of itself constitute a conflict of interest. However, any member of the authority who is employed by, or receives income from, a health facility under consideration by the authority shall not vote on any matter related to such facility.

**History.**--s. 4, ch. 74-323; s. 871, ch. 95-147.