

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**APPROVED
AND
FILED**

**CORPORATION
ANNUAL REPORT
1995**



**FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS**

95 APR 27 AM 11:22

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # F76087 (8)
1. Corporation Name
BROWARD COUNTY HEALTH CORPORATION

Principal Place of Business Mailing Address
**4399 NOB HILL RD.
FT. LAUDERDALE FL 33321** **3080 WILLIAMS DR.
FAIRFAX VA 22031**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 3a. Date of Last Report
04/13/1982 **04/14/1994**

4. FEI Number Applied For
52-1340301 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional
Fee Required**

6. Election Campaign Financing **\$5.00 May Be
Trust Fund Contribution Added to Fees**

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 26
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 27
City & State City & State
23 28
Zip Country Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent
**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City 85 Zip Code
FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE Signature (hand or printed name of registered agent and the date) NOTE: Registered Agent signature required when re-registering DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, SCOTT M	12. NAME	
STREET ADDRESS	2700 COLORADO AVE.	13. STREET ADDRESS	
CITY - ST - ZIP	SANTA MONICA CA 90404	14. CITY - ST - ZIP	
TITLE	AS	21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SILVER, RICHARD B	22. NAME	
STREET ADDRESS	2700 COLORADO AVE.	23. STREET ADDRESS	
CITY - ST - ZIP	SANTA MONICA CA 90404	24. CITY - ST - ZIP	
TITLE	S	31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, SCOTT M	32. NAME	
STREET ADDRESS	2700 COLORADO AVE.	33. STREET ADDRESS	
CITY - ST - ZIP	SANTA MONICA CA 90404	34. CITY - ST - ZIP	
TITLE	T	41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MIYAHIRA, COLIN	42. NAME	
STREET ADDRESS	2700 COLORADO AVE.	43. STREET ADDRESS	
CITY - ST - ZIP	SANTA MONICA CA 90404	44. CITY - ST - ZIP	
TITLE	AT	51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SQUIRES, TAPPE B.	52. NAME	
STREET ADDRESS	3080 WILLIAMS DR.	53. STREET ADDRESS	
CITY - ST - ZIP	FAIRFAX VA 22031	54. CITY - ST - ZIP	
TITLE		61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62. NAME	
STREET ADDRESS		63. STREET ADDRESS	
CITY - ST - ZIP		64. CITY - ST - ZIP	

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SM 4/27

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Scott M. Brown* 4/24/95 310/998-8000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone #
Scott M. Brown, Director