FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **N14278** **(8)**

1. Corporation Name

BROWARD HOMEBOUND PROGRAM, INC.

Principal Place of Business	Mailing Address
C/O NORTH BROWARD MEDICAL CENTER 201 E. SAMPLE RD. POMPANO BEACH FL 33064	C/O NORTH BROWARD MEDICAL CENTER 201 E. SAMPLE RD. POMPANO BEACH FL 33064

3. Date Incorporated or Qualified: **04/09/1986**

3a. Date of Last Report: **01/25/1995**

2. Principal Place of Business — 21:

2a. Mailing Address — 26:

Suite, Apt. #, etc. — 22:

Suite, Apt. #, etc. — 27:

City & State — 23:

City & State — 28:

Zip — 24: Country — 25:

Zip — 29: Country — 30:

4. FEI Number: **59-2668389** ☐ Applied For ☐ Not Applicable

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

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

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

9. Name and Address of Current Registered Agent

SMITH, DIANE
C/O NORTH BROWARD MEDICAL CTR
201 E SAMPLE RD
POMPANO BCH FL 33064

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, type or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	11 TITLE		☐ Change ☐ Addition
NAME	CHROMIK, JAMES		12 NAME		
STREET ADDRESS	201 EAST SAMPLE RD		13 STREET ADDRESS		
CITY-ST-ZIP	POMPANO BEACH FL		14 CITY-ST-ZIP		
TITLE	DS	☐ DELETE	21 TITLE		☐ Change ☐ Addition
NAME	REGAN-DAY, KATHERINE		22 NAME		
STREET ADDRESS	1201 N FEDERAL HWY STE D		23 STREET ADDRESS		
CITY-ST-ZIP	FT. LAUDERDALE FL		24 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	31 TITLE		☐ Change ☐ Addition
NAME	FEINBERG, SID		32 NAME		
STREET ADDRESS	LYNDHURST H 4012 CVE		33 STREET ADDRESS		
CITY-ST-ZIP	DEERFIELD BEACH FL		34 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	41 TITLE		☐ Change ☐ Addition
NAME	WALLENSTEIN, ELY		42 NAME		
STREET ADDRESS	BERKSHIRE C 2043 CVE		43 STREET ADDRESS		
CITY-ST-ZIP	DEERFIELD BEACH FL		44 CITY-ST-ZIP		
TITLE	T	☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAME	SINGER, CHARLES H.		52 NAME		
STREET ADDRESS	535 OAKS DR. APT 302		53 STREET ADDRESS		
CITY-ST-ZIP	POMPANO BEACH FL		54 CITY-ST-ZIP		
TITLE	D	☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME	NEIMARK, CORT		62 NAME		
STREET ADDRESS	210 UNIVERSITY DR #800		63 STREET ADDRESS		
CITY-ST-ZIP	CORAL SPRINGS FL		64 CITY-ST-ZIP		

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 119.07(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE: Ely Wallenstein 1/17/96 954-893-57

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number

Ely [illegible]

CR2E037 (12/95)