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Jan 28 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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 33064-3502

3. Date Incorporated or Qualified: 04/09/1986
3a. Date of Last Report: 01/25/1996

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 / Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
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, typed 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	1.1 TITLE	VD	☐ Change ☒ Addition
NAME	CHROMIK, JAMES		1.2 NAME	Jim Bowden	
STREET ADDRESS	201 EAST SAMPLE RD		1.3 STREET ADDRESS	2536 North Federal Highway	
CITY-ST-ZIP	POMPANO BEACH FL		1.4 CITY-ST-ZIP	Ft Laud Fl 33305	
TITLE	DS	☒ DELETE	2.1 TITLE	DS	☐ Change ☒ Addition
NAME	REGAN-DAY, KATHERINE		2.2 NAME	Diane Yousefi	
STREET ADDRESS	1201 N FEDERAL HWY STE D		2.3 STREET ADDRESS	6273 NW52 St.	
CITY-ST-ZIP	FT. LAUDERDALE FL		2.4 CITY-ST-ZIP	Coral Springs Fl 33067	
TITLE	VD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	FEINBERG, SID		3.2 NAME		
STREET ADDRESS	LYNDHURST H 4012 CVE		3.3 STREET ADDRESS		
CITY-ST-ZIP	DEERFIELD BEACH FL		3.4 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	WALLENSTEIN, ELY		4.2 NAME		
STREET ADDRESS	BERKSHIRE C 2043 CVE		4.3 STREET ADDRESS		
CITY-ST-ZIP	DEERFIELD BEACH FL		4.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	SINGER, CHARLES H.		5.2 NAME		
STREET ADDRESS	535 OAKS DR. APT 302		5.3 STREET ADDRESS		
CITY-ST-ZIP	POMPANO BEACH FL		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	NEIMARK, CORT		6.2 NAME		
STREET ADDRESS	210 UNIVERSITY DR #800		6.3 STREET ADDRESS		
CITY-ST-ZIP	CORAL SPRINGS FL		6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 E. WALLENSTEIN 1/6/97 954-428-9357
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0022019