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Feb 05 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1998**

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

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

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)

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

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

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ 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	P	☒ Change ☐ Addition
NAME	CHROMIK, JAMES		1.2 NAME	Solkoff, Jerome	
STREET ADDRESS	201 EAST SAMPLE RD		1.3 STREET ADDRESS	1500 W. Hillsboro Blvd	
CITY-ST-ZIP	POMPANO BEACH FL		1.4 CITY-ST-ZIP	Deerfield Bch, FL 33442	
TITLE	DS	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	YOUSEFI, DIANE		2.2 NAME		
STREET ADDRESS	6273 NW 52 ST		2.3 STREET ADDRESS		
CITY-ST-ZIP	CORAL SPRINGS FL		2.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	3.1 TITLE	VP	☒ Change ☐ Addition
NAME	FEINBERG, SID		3.2 NAME	Glasser, Lori	
STREET ADDRESS	LYNDHURST H 4012 CVE		3.3 STREET ADDRESS	8028 NW 41 Ct.	
CITY-ST-ZIP	DEERFIELD BEACH FL		3.4 CITY-ST-ZIP	Sunrise FL 33351	
TITLE	PD	☐ DELETE	4.1 TITLE	D	☒ Change ☐ Addition
NAME	WALLENSTEIN, ELY		4.2 NAME	Wallenstein, Ely	
STREET ADDRESS	BERKSHIRE C 2043 CVE		4.3 STREET ADDRESS	Berkshire C 2043 CVE	
CITY-ST-ZIP	DEERFIELD BEACH FL		4.4 CITY-ST-ZIP	Deerfield Bch FL 33442	
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	D	☒ Change ☐ Addition
NAME	NEIMARK, CORT		6.2 NAME	Lynne Breneo	
STREET ADDRESS	210 UNIVERSITY DR #800		6.3 STREET ADDRESS	2500 N. Military Trail	
CITY-ST-ZIP	CORAL SPRINGS FL		6.4 CITY-ST-ZIP	Boca Raton FL 33431	

CR2E037 (10/97)

14. I 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: _____ 1-8-98 561-8444