FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 24, 1999 8:00 am
Secretary of State
02-24-1999 90062 018 ****70.00

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DOCUMENT # N14278

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

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

3. Date Incorporated or Qualifed
04/09/1986

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

5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required

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

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	P	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	SOLKOFF, JEROME		1.2 NAME		
STREET ADDRESS	1800 W HILLSBORO BLVD		1.3 STREET ADDRESS		
CITY-ST-ZIP	DEERFIELD BEACH FL 33442		1.4 CITY-ST-ZIP		
TITLE	DS	☒ DELETE	2.1 TITLE	DS	☐ Change ☒ Addition
NAME	YOUSEFI, DIANE		2.2 NAME	Diane Geronemus	
STREET ADDRESS	6273 NW 52 ST		2.3 STREET ADDRESS	833 NW 81 Way	
CITY-ST-ZIP	CORAL SPRINGS FL		2.4 CITY-ST-ZIP	Plantation FL 33324	
TITLE	VP	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	GLASSER, LORI		3.2 NAME		
STREET ADDRESS	8028 NW 41 CT		3.3 STREET ADDRESS		
CITY-ST-ZIP	SUNRISE FL 33351		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	WALLENSTEIN, ELY		4. 2 NAME		
STREET ADDRESS	BERKSHIER C 2043 AVE		4.3 STREET ADDRESS		
CITY-ST-ZIP	DEERFIELD FL 33442		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	BRENES, LYNNE		6.2 NAME		
STREET ADDRESS	2500 N MILITARY TRAIL		6.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL 33431		6.4 CITY-ST-ZIP		

CR2E037 (11/98)

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, with all other like empowered.

SIGNATURE: SIGNATURE BELOW, VP 1/7/99 (954) 786-2484
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #