2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Feb 19, 2009
Secretary of State

DOCUMENT# N14278

Entity Name: BROWARD HOMEBOUND PROGRAM, INC.

Current Principal Place of Business:

C/O NORTH BROWARD MEDICAL CENTER
201 E. SAMPLE RD.
DEERFIELD BEACH, FL 33064

New Principal Place of Business:

Current Mailing Address:

C/O NORTH BROWARD MEDICAL CENTER
201 E. SAMPLE RD.
DEERFIELD BEACH, FL 33064

New Mailing Address:

FEI Number: 59-2668389 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ROSS, SHARON F ED
C/O NORTH BROWARD MEDICAL CTR
201 E SAMPLE RD
DEERFIELD BEACH, FL 33064 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	D	( ) Delete
Name:	EPES, CAMPBELL	
Address:	1541 E OAK KNOLL CIRCLE	
City-St-Zip:	DAVIE, FL 33324	
Title:	DS	( ) Delete
Name:	GERONEMUS, DIANN	
Address:	833 NW 81 WAY	
City-St-Zip:	PLANTATION, FL 33324	
Title:	DVP	( ) Delete
Name:	DELUCA, VINCENT	
Address:	3323 W. COMMERCIAL BLVD, SUITE 114	
City-St-Zip:	FT. LAUDERDALE, FL 33309	
Title:	DP	( ) Delete
Name:	SILVER, GAIL	
Address:	6075 N.W. 41 DRIVE	
City-St-Zip:	CORAL SPRINGS, FL 33067	
Title:	D	( ) Delete
Name:	COHEN, MARION	
Address:	LYNDHURST H 1012	
City-St-Zip:	DEERFIELD BEACH, FL 33442	
Title:	DT	( ) Delete
Name:	GORDON, JASON	
Address:	200 E. LAS OLAS BLVD.	
City-St-Zip:	FT. LAUDERDALE, FL 33301	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GAIL SILVER DP 02/19/2009

Electronic Signature of Signing Officer or Director — Date