

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 17, 2003 8:00 am
Secretary of State

01-17-2003 90068 019 ****70.00

DOCUMENT # N14278

1. Entity Name

BROWARD HOMEBOUND PROGRAM, INC.



Principal Place of Business

**C/O NORTH BROWARD MEDICAL CENTER
201 E. SAMPLE RD.
POMPANO BEACH FL 33064**

Mailing Address

**C/O NORTH BROWARD MEDICAL CENTER
201 E. SAMPLE RD.
POMPANO BEACH FL 33064**

90004132



☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2668389**

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D**
NAME **SOLKOFF, JEROME** ☒ Delete
STREET ADDRESS **1800 W HILLSBORO BLVD**
CITY-ST-ZIP **DEERFIELD BEACH FL 33442**

TITLE **P**
NAME **Ronald Smith** ☒ Change ☐ Addition
STREET ADDRESS **3493 Inverrary Blvd west**
CITY-ST-ZIP **Lauderhill FL 33319**

TITLE **DS**
NAME **GERONEMUS, DIAN** ☐ Delete
STREET ADDRESS **833 NW 81 WAY**
CITY-ST-ZIP **PLANTATION FL 33324**

TITLE **V**
NAME **Campbell Epes** ☐ Change ☒ Addition
STREET ADDRESS **1541 E Oak Knoll Circle**
CITY-ST-ZIP **Davie FL 33324**

TITLE **P**
NAME **MAYMON, CHARLES** ☐ Delete
STREET ADDRESS **PO BOX 221550**
CITY-ST-ZIP **HOLLYWOOD FL 33022**

TITLE **D**
NAME **Charles Maymon** ☒ Change ☐ Addition
STREET ADDRESS **P.O. Box 221550**
CITY-ST-ZIP **Hollywood FL 33022**

TITLE **D**
NAME **WALLENSTEIN, ELY** ☒ Delete
STREET ADDRESS **BERKSHIER C 2043 AVE**
CITY-ST-ZIP **DEERFIELD FL 33442**

TITLE **T**
NAME **Ronald Slagor** ☐ Change ☒ Addition
STREET ADDRESS **2052 NE 11 AVE**
CITY-ST-ZIP **Wilton Manors, FL 33305**

TITLE **D**
NAME **SINGER, CHARLES H.** ☐ Delete
STREET ADDRESS **535 OAKS DR. APT 302**
CITY-ST-ZIP **POMPANO BEACH FL 33069**

TITLE **D**
NAME **Dorothy Sufias** ☐ Change ☒ Addition
STREET ADDRESS **1149 Hillsboro mile**
CITY-ST-ZIP **Hillsboro Beach 33062**

TITLE **D**
NAME **RAVELO, DAISY** ☐ Delete
STREET ADDRESS **18921 NW 19 ST**
CITY-ST-ZIP **PEMBROKE PINES FL 33025**

TITLE **D**
NAME **Joseph Wagner** ☐ Change ☒ Addition
STREET ADDRESS **1608 SE 3 AVE**
CITY-ST-ZIP **FD Land 33316**

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

RONALD SMITH, President

1/10/03

954-557-4129

CR2E037 (10/02)