


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 10, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # S59273**

1. Entity Name  
**NFS OF BROWARD, INC.**



Principal Place of Business  
**1950 EISENHOWER BLVD.  
 FT. LAUDERDALE, FL 33316**

Mailing Address  
**55 CAMBRIDGE PARKWAY  
 STE 200  
 CAMBRIDGE, MA 02142**

**DO NOT WRITE IN THIS SPACE**



01052005 No Chg-P CR2E034 (10/03)

4. FEI Number  
**65-0279533** Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY  
 1201 HAYS ST.  
 TALLAHASSEE, FL 32301**

**DO NOT WRITE  
 IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when renewing) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be  
 Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD ARMSTRONG JR., JOSEPH 8 HAWTHORNE AVE. WINCHESTER, MA 01890
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GLINSKI, PAUL E. 5 BIRDSALL LANE ATKINSON, NH 03811
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000176591  
 01/11/05-80002-014 150.00

**DO NOT WRITE  
 IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 607, 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:** \_\_\_\_\_ Date **1/05/05** Daytime Phone # **1017-499-2700**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR