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Apr 29 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 582475

(0)

1. Corporation Name

HARVEY J. BROMAN, PH.D., P.A.

Principal Place of Business

1800 N. UNIVERSITY DRIVE
SUITE 110
PEMBROKE PINES FL 33024
US

Mailing Address

18305 NW 12TH ST.
PEMBROKE PINES FL 33029-3675
US

3. Date Incorporated or Qualified

08/16/1978

3a. Date of Last Report

04/12/1996

2.

21

P. Pines Professional Centre
9050 Pines Blvd. Suite 352
Pembroke Pines, FL 33024
(954) 436-3363 FAX: 436-3346

22

23

24

Zip 33024

Country

USA

2a. Mailing Address

26

Suite, Apt #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

59-1840666

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

BROMAN, HARVEY
18305 NW 12TH ST.

~~C/O COMPREHENSIVE COUNSELING CENTER~~ omit
PEMBROKE PINES FL 32029

10. Name and Address of New Registered Agent

81

Name

Broman Harvey

82

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

18305 NW 12TH ST.

83

40 Harvey J Broman PhD PA

84

City

Pembroke Pines

FL

85

Zip Code

33029

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0506, Florida Statutes.

SIGNATURE

Harvey J. Broman President

DATE

4/21/97

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME PD

BROMAN, HARVEY J.

STREET ADDRESS 18305 NW 12TH ST.

CITY-ST-ZIP PEMBROKE PINES FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 in change 1, or on an attachment with an address.

SIGNATURE Harvey J. Broman President 4/21/97

CR2E034 (9/96)