

**2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 736233

**FILED**  
**Apr 09, 2011**  
**Secretary of State**

**Entity Name:** ANIMAL BIRTH CONTROL FOR BROWARD, INC.

**Current Principal Place of Business:**

850 WASHINGTON STREET  
HOLLYWOOD, FL 33019

**New Principal Place of Business:**

**Current Mailing Address:**

850 WASHINGTON STREET  
HOLLYWOOD, FL 33019

**New Mailing Address:**

**FEI Number:** 23-7089035      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ANDERSON, CATHLEEN  
850 WASHINGTON ST.  
HOLLYWOOD, FL 33019      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: PD  
Name: ANDERSON, CATHLEEN  
Address: 850 WASHINGTON ST.  
City-St-Zip: HOLLYWOOD FL,

Title: DTS  
Name: WELCH, THOMAS W  
Address: 7 SE 13TH AVENUE  
City-St-Zip: FT. LAUDERDALE, FL 33301

Title: D  
Name: JOHANNA MC MICHAEL  
Address: 2402 NE 8TH STREET  
City-St-Zip: WILTON MANORS, FL 33305

Title: STD  
Name: ASOWITCH, SUSAN  
Address: 724 NORTH RAINBOW DRIVE  
City-St-Zip: HOLLYWOOD, FL 33021

I hereby 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 all other like empowered.

SIGNATURE: CATHLEEN ANDERSON

PD

04/09/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date