# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Feb 25, 2004**
**Secretary of State**

DOCUMENT# H49823

**Entity Name:** BROWARD HOME CARE, INC.

**Current Principal Place of Business:**

2700 W. CYPRESS CREEK ROAD
FT. LAUDERDALE, FL 33309

**New Principal Place of Business:**

**Current Mailing Address:**

C/O ALLIED HEALTH CARE CORP.
1000 NW 65TH STREET, SUITE 105
FT. LAUDERDALE, FL 33309 US

**New Mailing Address:**

**FEI Number: 59-2543092** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

IRVING, J. BRUCE
601 BRICKELL KEY DRIVE STE 801
MIAMI, FL 33131

**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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

| | | |
|---|---|---|
| Title: | DP | ( ) Delete |
| Name: | KAPLAN, RONALD L | |
| Address: | 1000 NW 65TH STREET, SUITE 105 | |
| City-St-Zip: | FT. LAUDERDALE, FL 33309 | |
| Title: | DVS | ( ) Delete |
| Name: | BRAFMAN, CAROL | |
| Address: | 1000 NW 65TH STREET, SUITE 105 | |
| City-St-Zip: | FT. LAUDERDALE, FL 33309 | |
| Title: | AS | ( ) Delete |
| Name: | IRVING, J. BRUCE | |
| Address: | 19134 FISHER ISLAND DR | |
| City-St-Zip: | MIAMI, FL 33109 | |
| Title: | T | ( ) Delete |
| Name: | KOSCS, GREGORY | |
| Address: | 1000 NW 65TH STREET, SUITE 105 | |
| City-St-Zip: | FT. LAUDERDALE, FL 33309 | |

**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: | |

I hereby certify that the information supplied with this filing does not qualify for the 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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GREGORY V. KOSCS T 02/25/2004

Electronic Signature of Signing Officer or Director — Date