

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H49823

FILED
Apr 26, 2011
Secretary of State

Entity Name: BROWARD HOME CARE, INC.

Current Principal Place of Business:

2700 W. CYPRESS CREEK ROAD
B-100
FT. LAUDERDALE, FL 33309

New Principal Place of Business:

Current Mailing Address:

C/O ALLIED HEALTH CARE CORP.
2700 W CYPRESS ROAD, SUITE B-100
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:

CAPITAL CONNECTION, INC
417 W VIRGINIA ST
TALLAHASSEE, FL 32301 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: DP
Name: KAPLAN, RONALD L
Address: 2700 W CYPRESS CREEK ROAD, SUITE B-100
City-St-Zip: FT. LAUDERDALE, FL 33309

Title: DVS
Name: BRAFMAN, CAROL
Address: 2700 W CYPRESS CREEK ROAD, SUITE B-100
City-St-Zip: FT. LAUDERDALE, FL 33309

Title: AS
Name: IRVING, J. BRUCE
Address: 19134 FISHER ISLAND DR
City-St-Zip: MIAMI, FL 33109

Title: T
Name: KOSCS, GREGORY
Address: 2700 W CYPRESS CREEK ROAD, SUITE B-100
City-St-Zip: FT. LAUDERDALE, FL 33309

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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: GREGORY V. KOSCS

T

04/26/2011

Electronic Signature of Signing Officer or Director

Date