


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 25, 2004 8:00 am
Secretary of State

03-25-2004 90014 017 ***150.00

| | |
|----------------------------------------------------|-----------------------------------------------------------------------------------|
| DOCUMENT # K35941 |  |
| 1. Entity Name SOUTH BROWARD BRACE, INC. | |

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|----------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|
| Principal Place of Business 1920 E. HOLLANDALE BLVD, STE 702 HALLANDALE, FL 33009 US | Mailing Address BOX 260879 PEMBROKE PINES, FL 33026 |
|----------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|

54022184

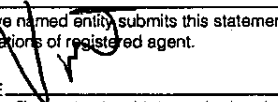
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|------------------------------------------------------------------|-----------------------------------------------------|
| 2. Principal Place of Business 1920 E. Hallandale Blvd | 3. Mailing Address Clarence P Mirsey, CPA |
| Suite, Apt. #, etc. STE 702 | Suite, Apt. #, etc. Box 290548 |
| City & State Hallandale, FL | City & State Davie, FL |
| Zip 33009 | Country US |



02112004 Chg-P CR2E034 (10/03)

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| 4. FEI Number 65-0106778 | | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required |
| 6. Name and Address of Current Registered Agent PETTI, VINCENT 1920 E. HOLLANDALE BLVD, STE 702 HALLANDALE, FL 33009 | | |

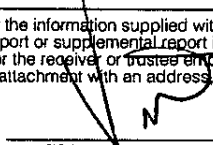
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|-----------------------------------------------------------------------------------------------|----|--------------------------|
| 7. Name and Address of New Registered Agent | | |
| Name Petti, Vincent | | |
| Street Address (P.O. Box Number is Not Acceptable) 1920 E. Hallandale Blvd, STE 702 | | |
| City Hallandale | FL | Zip Code 33009 |

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| 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  | Vincent Petti | 3/21/04 |
| (NOTE: Registered Agent signature required when reinstating) | | |

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | \$5.00 May Be Added to Fees |
|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|------------------------------------|

| 10. OFFICERS AND DIRECTORS | |
|-------------------------------------------------|---------------------------------|
| TITLE PSD | <input type="checkbox"/> Delete |
| NAME PETTI, VINCENT T | |
| STREET ADDRESS 5900 S W 164TH TERRACE | |
| CITY-ST-ZIP FT LAUDERDALE, FL 33331 | |
| TITLE VT | <input type="checkbox"/> Delete |
| NAME PETTI, KAREN | |
| STREET ADDRESS 5900 S W 164TH TERRACE | |
| CITY-ST-ZIP FT LAUDERDALE, FL 33331 | |
| TITLE S | <input type="checkbox"/> Delete |
| NAME PETTI, ROBERT | |
| STREET ADDRESS 1621 N. 73 AVE | |
| CITY-ST-ZIP HOLLYWOOD, FL | |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|-------------------------------------------------------|-------------------------------------------------------------------|
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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| 12. I 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 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:  | 3/21/04 | 9549229061 |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date | Daytime Phone # |