

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 13, 2005 8:00 am**  
**Secretary of State**

04-13-2005 90030 047 \*\*\*158.75

DOCUMENT # L 50761

1. Entity Name

**WEST BROWARD REFERRAL & NURSES AGENCY INC.,**



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

**4534 NORTH UNIVERSITY DR.**

3. Mailing Address

**LAUDERHILL, FL. 33351**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**65 - 0175673**

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

**20031004**

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

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

City

**FL**

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**January 1 - May 1 Fee is \$150.00**

**After May 1, Fee is \$550.00**

**Amended UBR is \$61.25**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>PRESIDENT</b> <b>5100 N.W. 64 TH. TERRACE</b> <b>LAUDERHILL, FL. 33319</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VICE PRESIDENT</b> <b>BERNICE HENRY RN.</b> <b>5100 N.W. 64 TH. TERRACE FL. 33319</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>DC.</b> <b>RICHARD HENRY</b> <b>6730 N.W. 38 TH. DR. FL. 33319</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>ADMINISTRATOR ( ASST. )</b> <b>DONNA C. HENRY</b> <b>5100 N.W. 64 TH. TERRACE FL. 33319</b>
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)