2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2008
Secretary of State

DOCUMENT# N04000001203

Entity Name: BROWARD OCCUPATIONAL THERAPY FORUM, INC.

Current Principal Place of Business:

1101 FAIRFIELD MEADOWS DRIVE
WESTON, FL 33327

New Principal Place of Business:

Current Mailing Address:

1101 FAIRFIELD MEADOWS DRIVE
WESTON, FL 33327

New Mailing Address:

FEI Number: 57-1155945 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

LIPSHUTZ, HEIDI S MRS.
1101 FAIRFIELD MEADOWS DRIVE
WESTON, FL 33327 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 ( ) Delete
Name: MCDONOUGH, JOHN
Address: 1101 FAIRFIELD MEADOWS DR
City-St-Zip: WESTON, FL 33327

Title: VD ( ) Delete
Name: RICKS, KRISTI
Address: 1101 FAIRFIELD MEADOWS DRIVE
City-St-Zip: WESTON, FL 33327

Title: STD ( ) Delete
Name: LIPSHUTZ, HEIDI S MRS.
Address: 1101 FAIRFIELD MEADOWS DRIVE
City-St-Zip: WESTON, FL 33327

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: SEAN, KERR
Address: 1101 FAIRFIELD MEADOWS DR
City-St-Zip: WESTON, FL 33327

Title: VD (X) Change ( ) Addition
Name: KABAK, MICHELLE
Address: 1101 FAIRFIELD MEADOWS DRIVE
City-St-Zip: WESTON, FL 33327

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HEIDI LIPSHUTZ STD 04/06/2008

Electronic Signature of Signing Officer or Director — Date