

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2009
Secretary of State

DOCUMENT# N05000010393

Entity Name: BROWARD PROFESSIONAL ALLIANCE, INC.

Current Principal Place of Business:

2800 WESTON ROAD
SUITE 100
WESTON, FL 33331

New Principal Place of Business:

Current Mailing Address:

2800 WESTON ROAD
SUITE 100
WESTON, FL 33331

New Mailing Address:

FEI Number: 20-3599236 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHULTZ, SHERI F
1000 S PINE ISLAND ROAD
SUITE 440
PLANTATION, FL 33324 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: D () Delete
Name: HEIMOVICS, JOSEPH B
Address: 2800 WESTON ROAD, SUITE 100
City-St-Zip: WESTON, FL 33331

Title: P () Delete
Name: SKLAR, DEAN
Address: 2800 WESTON ROAD, SUITE 100
City-St-Zip: WESTON, FL 33331

Title: D () Delete
Name: JACOB, JAY
Address: 2800 WESTON ROAD, SUITE 100
City-St-Zip: WESTON, FL 33331

Title: D () Delete
Name: HACKLEY, KEIL M
Address: 2800 WESTON ROAD, SUITE 100
City-St-Zip: WESTON, FL 33331

Title: D () Delete
Name: LIVOLSI, JOE
Address: 2800 WESTON ROAD, SUITE 100
City-St-Zip: WESTON, FL 33331

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change () Addition
Name: SKLAR, DEAN
Address: 2800 WESTON ROAD, SUITE 100
City-St-Zip: WESTON, FL 33331

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: P () Change (X) Addition
Name: WEISS, RICKY J ESQ.
Address: 2800 WESTON ROAD, SUITE 100
City-St-Zip: WESTON, FL 33331

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: JOSEPH B HEIMOVICS

D

04/15/2009

Electronic Signature of Signing Officer or Director

Date