


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 09, 2008 8:00 am**  
**Secretary of State**

04-09-2008 90026 037 \*\*\*\*61.25

<b>DOCUMENT # N07000000360</b> 1. Entity Name <b>ONE BROWARD, INC.</b>					
Principal Place of Business <b>6600 SW NOVA DRIVE FORT LAUDERDALE, FL 33317</b>			Mailing Address <b>6600 SW NOVA DRIVE FORT LAUDERDALE, FL 33317</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>SIMON-SCHIFFER, PHYLLIS DR.</b> <b>6600 SW NOVA DRIVE</b> <b>FORT LAUDERDALE, FL 33317</b>				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"><b>FL</b></div> 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	D SCHIFFER-SIMON, PHYLLIS DR.		NAME	PRESIDENT (P)/(CD) DR. PHYLLIS SCHIFFER-SIMON	
STREET ADDRESS	6600 SW NOVA DRIVE		STREET ADDRESS	6600 SW NOVA DRIVE	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33317		CITY-ST-ZIP	FORT LAUDERDALE, FL 33317	
TITLE	D <input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	D O'CONNELL, ANNE		NAME	DR. GEORGE HANBURY	
STREET ADDRESS	6600 SW NOVA DRIVE		STREET ADDRESS	6600 SW NOVA DRIVE	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33317		CITY-ST-ZIP	FORT LAUDERDALE, FL 33317	
TITLE	D <input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	D FURLONG, ANDREW		NAME	SECRETARY (S)/(CD) PATTI BARNEY	
STREET ADDRESS	6600 SW NOVA DRIVE		STREET ADDRESS	6600 SW NOVA DRIVE	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33317		CITY-ST-ZIP	FORT LAUDERDALE, FL 33317	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
<b>SIGNATURE: Phyllis Schiffer-Simon</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<b>1-30-08</b> <small>Date</small>		
			<small>Daytime Phone #</small>		

40062738



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4. FEI Number **20-8538010** Applied For ☐ Not Applicable ☒

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required