

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000006082

FILED
May 25, 2008
Secretary of State

Entity Name: SACRED CENTER OF BROWARD, INC.

Current Principal Place of Business:

275 NW 107TH AVE.
PEMBROKE PINES, FL 33026

New Principal Place of Business:

Current Mailing Address:

275 NW 107TH AVE.
PEMBROKE PINES, FL 33026

New Mailing Address:

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

YZER, JEAN REV.
275 NW 107TH AVE.
PEMBROKE PINES, FL 33026 US

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: P () Delete
Name: YZER, JEAN REV.
Address: 275 NW 107TH AVE.
City-St-Zip: PEMBROKE PINES, FL 33026

Title: SEC () Delete
Name: CORLEY, SUE
Address: 2500 SW 34 AVE.
City-St-Zip: FORT LAUDERDALE, FL 33512

Title: T (X) Delete
Name: MONTEAGUDO, ODALYS
Address: 9800 NW 35 AVE.
City-St-Zip: COOPER CITY, FL 33024

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: REGAN, ROBERT D REV.
Address: 275 NW 107TH AVE.
City-St-Zip: PEMBROKE PINES, FL 33026

Title: S (X) Change () Addition
Name: YZER, JEAN REV.
Address: 275 NW 107TH AVE
City-St-Zip: PEMBROKE PINES, FL 33026

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: ROBERT D. REGAN

P

05/25/2008

Electronic Signature of Signing Officer or Director

Date