2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2009
Secretary of State

DOCUMENT# N07000008343

Entity Name: BROWARD HEALTH SUPPORT SERVICES, INC.

Current Principal Place of Business:

303 SE 17TH STREET
FORT LAUDERDALE, FL 33316

New Principal Place of Business:

Current Mailing Address:

303 SE 17TH STREET
FORT LAUDERDALE, FL 33316

New Mailing Address:

FEI Number: 26-2993143 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
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:

KISHBAUGH, TROY A
303 SE 17TH STREET
FORT LAUDERDALE, FL 33316 US

Name and Address of New Registered Agent:

SHAPIRO, KIMBERLY R
303 SE 17TH STREET
FORT LAUDERDALE, FL 33316 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: KIMBERLY SHAPIRO 05/01/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: NASK, FRANK
Address: 303 SE 17TH STREET
City-St-Zip: FORT LAUDERDALE, FL 33316

Title: VD (X) Delete
Name: LEVINE, SPENCER
Address: 303 SE 17TH STREET
City-St-Zip: FORT LAUDERDALE, FL 33316

Title: STD ( ) Delete
Name: BREEN, DEBORAH
Address: 303 SE 17TH STREET
City-St-Zip: FORT LAUDERDALE, FL 33316

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: FRANK NASK PD 05/01/2009
Electronic Signature of Signing Officer or Director Date