

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000001624

FILED  
Jan 05, 2011  
Secretary of State

**Entity Name:** THE TRANSPLANT HOUSE OF BROWARD, INC.

**Current Principal Place of Business:**

701 SW 27TH AVE,  
705  
MIAMI, FL 33135

**New Principal Place of Business:**

**Current Mailing Address:**

701 SW 27TH AVE,  
705  
MIAMI, FL 33135

**New Mailing Address:**

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

**Name and Address of Current Registered Agent:**

COMPTON, ELI  
701 SW 27TH AVENUE  
SUITE 705  
MIAMI, FL 33135 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  
Name: LIEBERMAN, ILENE  
Address: 115 S ANDREWS AVE, ROOM 414  
City-St-Zip: FT LAUDERDALE, FL 33301

Title: D  
Name: POLENBERG, JON  
Address: 4300 N. UNIVERSITY DRIVE, #D-204  
City-St-Zip: FT.LAUDERDALE, FL 33351

Title: D  
Name: HELMS, SCOTT  
Address: 515 E LAST OLAS BLVD, SUITE 960  
City-St-Zip: FT LAUDERDALE, FL 33301

Title: COO  
Name: COMPTON, ELI  
Address: 701 SW 27TH AVENUE, SUITE 705  
City-St-Zip: MIAMI, FL 33135

Title: D  
Name: GOMEZ, IVAN A  
Address: 601 BRICKELL KEY DRIVE, SUITE 507  
City-St-Zip: MIAMI, FL 33131

I hereby 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 all other like empowered.

SIGNATURE: ELI COMPTON

COO

01/05/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date