

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N14278

FILED
Jan 10, 2005
Secretary of State

Entity Name: BROWARD HOMEBOUND PROGRAM, INC.

Current Principal Place of Business:

C/O NORTH BROWARD MEDICAL CENTER
201 E. SAMPLE RD.
POMPANO BEACH, FL 33064

New Principal Place of Business:

Current Mailing Address:

C/O NORTH BROWARD MEDICAL CENTER
201 E. SAMPLE RD.
POMPANO BEACH, FL 33064

New Mailing Address:

FEI Number: 59-2668389

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SMITH, DIANE
C/O NORTH BROWARD MEDICAL CTR
201 E SAMPLE RD
POMPANO BCH, FL 33064 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: P () Delete
Name: SMITH, RONALD
Address: 3493 INVERNARY BLVD WEST
City-St-Zip: LAUDERHILL, FL 33319

Title: DS () Delete
Name: GERONEMUS, DIAN
Address: 833 NW 81 WAY
City-St-Zip: PLANTATION, FL 33324

Title: D () Delete
Name: MAYMON, CHARLES
Address: PO BOX 221550
City-St-Zip: HOLLYWOOD, FL 33022

Title: V () Delete
Name: CAMPBELL, EPES
Address: 1541 E. OAK KNOLL CIR.
City-St-Zip: DAVIE, FL 33324

Title: D () Delete
Name: SINGER, CHARLES H.
Address: 535 OAKS DR. APT 302
City-St-Zip: POMPANO BEACH, FL 33069

Title: DT () Delete
Name: SLAGOR, RON
Address: 2057 N.E. 11 AVE.
City-St-Zip: WILTON MANORS, FL 33305

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: EPES, CAMPBELL
Address: 1541 E OAK KNOLL CIRCLE
City-St-Zip: DAVIE, FL 33324

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

Title: D (X) Change () Addition
Name: BUSCIOLANO, JULIO
Address: 6600 SALEM
City-St-Zip: N LAUDERDALE, FL 33068

Title: V (X) Change () Addition
Name: WAGNER, JOSEPH
Address: 1608 SE 3RD AVE
City-St-Zip: FT LAUDERDALE, FL 33316

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 for the exemption stated in Section 119.07(3)(i), 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: CAMPBELL EPES

P

01/10/2005

Electronic Signature of Signing Officer or Director

Date