

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N14278

FILED  
Jan 17, 2007  
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

## Current Mailing Address:

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

## New Principal Place of Business:

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

## New Mailing Address:

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

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:

SMITH, DIANE  
C/O NORTH BROWARD MEDICAL CTR  
201 E SAMPLE RD  
DEERFIELD BEACH, FL 33064 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:

01/17/2007

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

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

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

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

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

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

Title: DT ( ) Delete  
Name: SILVER, GAIL  
Address: 6075 NW 41ST DRIVE  
City-St-Zip: CORAL SPRINGS, FL 33067

## 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:

Title: V (X) Change ( ) Addition  
Name: SILVER, GAIL  
Address: 6075 N.W. 41 DRIVE  
City-St-Zip: CORAL SPRINGS, FL 33067

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

Title: DT (X) Change ( ) Addition  
Name: WILSON, ROSE  
Address: 452 S. CYPRESS ROAD  
City-St-Zip: POMPANO BEACH, FL 33060

I hereby certify that the information supplied with this filing does not qualify for the 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: CAMPBELL EPES

PRES

01/17/2007

Electronic Signature of Signing Officer or Director

Date