

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N14278

FILED
Jan 04, 2008
Secretary of State

Entity Name: BROWARD HOMEBOUND PROGRAM, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

C/O NORTH BROWARD MEDICAL CENTER
201 E. SAMPLE RD.
DEERFIELD 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
DEERFIELD BEACH, 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: 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: SILVER, GAIL
Address: 6075 N.W. 41 DRIVE
City-St-Zip: CORAL SPRINGS, FL 33067

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (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: VP (X) Change () Addition
Name: ROSS, SHARON
Address: 4619 POINCIANA ST. #2
City-St-Zip: FT. LAUDERDALE, FL 33306

Title: P (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: GORDON, JASON
Address: 200 E. LAS OLAS BLVD.
City-St-Zip: FT. LAUDERDALE, FL 33301

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: GAIL SILVER

P

01/04/2008

Electronic Signature of Signing Officer or Director

_____ Date