

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N14278

**FILED**  
**Feb 25, 2011**  
**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:**

ROSS, SHARON F ED  
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:** DVP  
**Name:** MALCOLM, GAVIN  
**Address:** 201 EAST SAMPLE ROAD  
**City-St-Zip:** DEERFIELD BEACH, FL 33064

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

**Title:** DP  
**Name:** DELUCA, VINCENT  
**Address:** 3323 W. COMMERCIAL BLVD, SUITE 114  
**City-St-Zip:** FT. LAUDERDALE, FL 33309

**Title:** D  
**Name:** SILVER, GAIL  
**Address:** 6075 N.W. 41 DRIVE  
**City-St-Zip:** CORAL SPRINGS, FL 33067

**Title:** D  
**Name:** COHEN, MARION  
**Address:** LYNDHURST H 1012  
**City-St-Zip:** DEERFIELD BEACH, FL 33442

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

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:** VINCENT DELUCA

DP

02/25/2011

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

\_\_\_\_\_  
Date