

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000005485

1. Entity Name

NORTH BROWARD HOSPITAL DISTRICT INFUSION NETWORK

Principal Place of Business

Mailing Address

C/O JOSEPH F. SCOTT  
303 S.E. 17TH STREET  
FORT LAUDERDALE FL 33316

C/O JOSEPH F. SCOTT  
303 S.E. 17TH STREET  
FORT LAUDERDALE FL 33316

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0627377

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ULLMAN, SAMUEL C  
200 S. BISCAYNE BLVD.  
SUITE 4000  
MIAMI FL 33131

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:  
FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TOWER, WIL 303 S.E. 17TH STREET FORT LAUDERDALE FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GRANT, PAULINE 303 S.E. 17TH STREET FORT LAUDERDALE FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SCOTT, JOSEPH F 303 S.E. 17TH STREET FORT LAUDERDALE FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCELDOWNEY, FRANK 303 S.E. 17TH STREET FORT LAUDERDALE FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*[Signature]* REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
Feb 06, 2001 8:00 am  
Secretary of State

02-06-2001 90231 033 \*\*\*\*70.00



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)