

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000005485

1. Entity Name

NORTH BROWARD HOSPITAL DISTRICT INFUSION NETWORK INC.

Principal Place of Business

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

Mailing Address

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

FILED
Feb 27, 2002 8:00 am
Secretary of State

02-27-2002 90190 001 ***122.50



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Ch Wil Tower
Suite, Apt. #, etc.
303 S.E. 17th Street

3. Mailing Address

Suite, Apt. #, etc.

City & State

Fort Lauderdale FL

City & State

4. FEI Number **65-0627377**

Applied For
Not Applicable

Zip

33076

Country

USA

Zip

Country

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

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Check Payable to
Secretary of State**

10. OFFICERS AND DIRECTORS

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	BURTON, ROBERT	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	303 SE 17th STREET	
STREET ADDRESS	FORT LAUDERDALE FL 33316	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Frank McElDowney
2/7/02

Date

Display Phone #

954 355-4524

CR2E037 (9/01)