

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT



FILED
Feb 01, 2007 8:00 am
Secretary of State

02-01-2007 90033 037 ****61.25

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01122007 Chg-NP CR2E037 (12/06)

DOCUMENT # N95000005485			
1. Entity Name NORTH BROWARD HOSPITAL DISTRICT INFUSION NETWORK, INC.		Mailing Address C/O WILTROWER ALAN LEVINE 303 S.E. 17TH STREET FORT LAUDERDALE, FL 33316	
Principal Place of Business C/O WILTROWER ALAN LEVINE 303 S.E. 17TH STREET FORT LAUDERDALE, FL 33316		Mailing Address C/O WILTROWER ALAN LEVINE 303 S.E. 17TH STREET FORT LAUDERDALE, FL 33316	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent SEIDMAN, LAURA R ESQ N BROWARD HOSPITAL DISTRICT 303 SE 17TH ST., SIXTH FLOOR FORT LAUDERDALE, FL 33316		7. Name and Address of New Registered Agent 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE			
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHIRLEY, JASMIN 303 SE 17TH ST. FORT LAUDERDALE, FL 33316 <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	TD WALLACE, ARTHUR III 303 SE 17TH ST FORT LAUDERDALE, FL 33316 <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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: 		Date	Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #