

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

DOCUMENT# N95000005485

**FILED**  
**Apr 20, 2011**  
**Secretary of State**

**Entity Name:** NORTH BROWARD HOSPITAL DISTRICT INFUSION NETWORK, INC.

**Current Principal Place of Business:**

303 S.E. 17TH STREET  
FORT LAUDERDALE, FL 33316

**New Principal Place of Business:**

**Current Mailing Address:**

303 S.E. 17TH STREET  
FORT LAUDERDALE, FL 33316

**New Mailing Address:**

**FEI Number:** 65-0627377

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GOREN, SAMUEL S ESQ  
3099 E. COMMERCIAL BLVD  
200  
FORT LAUDERDALE, FL 33309 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:** D  
**Name:** SHIRLEY, JASMIN  
**Address:** 303 SE 17TH ST.  
**City-St-Zip:** FORT LAUDERDALE, FL 33316

**Title:** TD  
**Name:** WALLACE, ARTHUR III  
**Address:** 303 SE 17TH ST  
**City-St-Zip:** FORT LAUDERDALE, FL 33316

**Title:** P  
**Name:** NASK, FRANK  
**Address:** 303 SE 17TH ST  
**City-St-Zip:** FORT LAUDERDALE, FL 33316

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:** FRANK NASK

P

04/20/2011

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

\_\_\_\_\_  
Date