2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000005485

1. Entity Name



Mar 31, 2003 8:00 am Secretary of State 03-31-2003 90215 030 ****61.25

FILED

NORTH , INC.	BROWARD	HOSPITAL	DISTRICT	INFUSION	NETWORK
		·		•	

Principal Place of Business C/O WIL TROWER 303 S.E. 17TH STREET FORT LAUDERDALE FL 33316		Mailing Address C/O WIL TROWER 303 S.E. 17TH STREET FORT LAUDERDALE FL 33316								
					1 111 161 0 1	818 1818 1 8 5118 88 72 88 731	80) 20 CS	1 6 1118 414 6 1 11	828 0 8 216 2 88 0	
2. Principal Place of Business		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.			-	CHECK HERE IF MAKING CHANGES				
City & State		City & State			4. FEI Number 65-0627377			Applied For Not Applicable		7
Zip Country		Zip	Count	ry	5. Certificate of Status Desired			\$8.75 Additional Fee Required		1
	6. Name and Address of Current	Registered Agent	1		7. Name and	Address of New Ro		•		┪
1111		- 3		Name				,		1
ULLMAN, SAMUEL C 200 S. BISCAYNE BLVD.				Street Address (P.O. Box Number is Not Acceptable)						1
SUITE 40			<u> </u>							┨
MIAMI FI										
				City			FL	Zip Cod	le	
8. The above named entity submits this statement for the purpose of changing its reg			renistered	office or registe	ered agent or bot	h in the State of Elec		miliar with	and accord	4
the obligation	tions of registered agent.	title purpose of changing its	registered	Office of registe	ered agent, or bot	n, in the State of Fior	ilua. Talii la	iniliai wilii,	апо ассерс	
-	· · · · · · · · · · · · · · · · · · ·									ĺ
SIGNATURE	<u></u> ₽									
,	Signature, typed or printed name of registered agent a	and title if applicable. (NOT	E: Registered A	gent signature require	ed when reinstating)		DATE	-		
	· · · · · · · · · · · · · · · · · · ·									┨
•		9 Flection Car	mnaion Fina	ancina	65.00 -	Mal	ra Chaak	Davabla	to	
FILE NOW: FEE IS \$61.25		 Election Campaign Fina Trust Fund Contribution. 		\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\			Make Check Payable to Florida Department of State			
، کئی	<i>:</i>			_	Added to rees	Fioriu	a Departi	iterit or s	State	
10.	OFFICERS AND DIF	RECTORS	11.		ADDITIONS/CH/	ANGES TO OFFICER	RS AND DIRE	CTORS	I 10	1
TITLE	P	☐ Delete	TITLE	+-7-				Change	Addition	Í
NAME	TOWER, WIL		NAME	12	OWER,	7772	'	E j enange		(10/02
STREET ADDRESS	303 S.E. 17TH STREET		STREET	ADDRESS	•					12
CITY-ST-ZIP	FORT LAUDERDALE FL		CITY-ST	-ZIP						8
TITLE	SD	☐ Delete	TITLE					Change	Addition	12
NAME	GRANT, PAULINE	La Delete	NAME				1	onange	Addition	C
STREET ADDRESS	303 S.E. 17TH STREET			ADDRESS		•				
CITY-ST-ZIP	FORT LAUDERDALE FL		CITY-ST							
TITLE	TD	☐ Delete	TITLE					Change	Addition	1
NAME	BURTON, ROBERT	. Delete	NAME				ı	Change	Addition	
STREET ADDRESS	303 S.E. 17TH STREET			ADDRESS						1
CITY-ST-ZIP	FORT LAUDERDALE FL 33316		CITY-ST							l
TITLE	D	☐ Delete	TITLE				ľ	Change	Addition	1
NAME	MCELDOWNEY, FRANK	L DOIGE	NAME				·	Onlinge	Addition	
STREET ADDRESS	303 S.E. 17TH STREET		STREET A	ADDRESS						
CITY-ST-ZIP	FORT LAUDERDALE FL		CITY-ST	-ZIP						
TITLE		□ Delete	TITLE				r	Change	Addition	1
NAMÉ		_ Detete	NAME					ondige		
STREET ADDRESS			STREET A	ADDRESS						
CITY-ST-ZIP			CITY-ST							
TITLE		☐ Delete	TITLE				г	Change	Addition	1
NAME		□ Delete	NAME					-1 ouguye	☐ ₩	
STREET ADDRESS			STREET A	ODRESS						}
CITY-ST-ZIP			CITY-ST	1						Ĺ

12. Thereby 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 impowered 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 a true like empowered.

SIGNATURE:

1/30/0