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Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N96000005135 (6)

1. Corporation Name

PROFNET OF WEST BROWARD INC.



Principal Place of Business

Mailing Address

4801 S. UNIVERSITY DRIVE
SUITE 303 WEST
FORT LAUDERDALE FL 33328

4801 S. UNIVERSITY DRIVE
SUITE 303 WEST
FORT LAUDERDALE FL 33328-3836

3. Date Incorporated or Qualified
10/03/1996

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BEHREN, SCOTT M ESQ.
1221 BRICKELL AVENUE
SUITE 1780
MIAMI FL 33131

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME MCCLELLAN, SUSAN
STREET ADDRESS 8355 N.W. 6TH STREET
CITY - ST - ZIP CORAL SPRINGS FL 33071

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

TITLE VD
NAME MEDINA, HECTOR
STREET ADDRESS 2871 N.W. 92ND AVENUE
CITY - ST - ZIP CORAL SPRINGS FL 33065

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

TITLE TD
NAME COLE, ROBERT D
STREET ADDRESS 9847 N.W. 48TH CT.
CITY - ST - ZIP CORAL SPRINGS FL 33076

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

TITLE SD
NAME KARAKO, JACK M
STREET ADDRESS 9541 N.W. 18TH MANOR
CITY - ST - ZIP PLANTAATION FL 33322

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

TITLE D
NAME SELINGER, RON
STREET ADDRESS 8983 W. SUNRISE BLVD.
CITY - ST - ZIP PLANTAATION FL 33322

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

TITLE D
NAME BEHREN, SCOTT M
STREET ADDRESS 9908 N.W. 2ND STREET
CITY - ST - ZIP PLANTATION FL 33324

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Robert D. Cole Robert D. Cole

1/30/97

954-680-9993

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0037475

CR2E037 (9/96)