


AMENDED

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 05, 2005 8:00 am
Secretary of State

DOCUMENT # N97000000151					
1. Entity Name SOUTH BROWARD ADMINISTRATIVE AND REPORTING, INC.					
Principal Place of Business 3501 JOHNSON STREET HOLLYWOOD, FL 33021			Mailing Address 3501 JOHNSON STREET HOLLYWOOD, FL 33021		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number NOT APPLICABLE	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SACCO, FRANK V 3501 JOHNSON STREET HOLLYWOOD, FL 33021			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE STD	NAME SACCO, FRANK V		<input type="checkbox"/> Delete		
STREET ADDRESS 3501 JOHNSON ST	CITY-ST-ZIP HOLLYWOOD, FL 33021		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE PD	NAME BENZ, JOHN A		<input type="checkbox"/> Delete		
STREET ADDRESS 3501 JOHNSON STREET	CITY-ST-ZIP HOLLYWOOD, FL 33021		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE D	NAME ANGELLA, JOSEPH M.D.		<input checked="" type="checkbox"/> Delete		
STREET ADDRESS 3501 JOHNSON STREET	CITY-ST-ZIP HOLLYWOOD, FL 33021		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE D	NAME KRAYE, ANTHONY		<input type="checkbox"/> Delete		
STREET ADDRESS 3501 JOHNSON STREET	CITY-ST-ZIP HOLLYWOOD, FL 33121		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE D	NAME MUHART, MATTHEW		<input type="checkbox"/> Delete		
STREET ADDRESS 3501 JOHNSON ST.	CITY-ST-ZIP HOLLYWOOD, FL 33021		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE 	NAME 		<input type="checkbox"/> Delete		
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 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: _____			3/30/05 954-985-3451		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		