

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
May 17, 2004 8:00 am
Secretary of State

04-26-2004 91075 001 ***300.00

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MOORE CR2E034 (11/03)

DOCUMENT # P00000091172 1. Entity Name NORTH BROWARD COMMUNITY HEALTH CENTER, INC.					
Principal Place of Business 3773 NORTH FEDERAL HIGHWAY POMPANO BEACH FL 33064			Mailing Address 3773 NORTH FEDERAL HIGHWAY POMPANO BEACH FL 33064		
2. Principal Place of Business 3773 N. Fed Hwy. Suite, Apt. #, etc.		3. Mailing Address 3773 N Fed Hwy Suite, Apt. #, etc.			
City & State Pompano Beach, FL Zip 33064		City & State Pompano Beach, FL Zip 33064		4. FEI Number 65-1049051	
Country USA		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ESTES, CYNTHIA 3773 NORTH FEDERAL HIGHWAY POMPANO BEACH FL 33064			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 _____ (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP GITTMAN, ALLAN 3773 NORTH FEDERAL HIGHWAY POMPANO BEACH FL 33064		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 607, 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: <u><i>Alvin Gitman</i></u> 4-23-04 941-8860 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					