


# 2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

|  |                     |   |
|--|---------------------|---|
| DOCUMENT # P00000091172  |                     |  |
| 1. Entity Name<br>NORTH BROWARD COMMUNITY HEALTH CENTER, INC.                        |                     |   |
| Principal Place of Business<br>3773 NORTH FEDERAL HIGHWAY<br>POMPANO BEACH, FL 33064 |                     | Mailing Address<br>3773 NORTH FEDERAL HIGHWAY<br>POMPANO BEACH, FL 33064          |
| 2. Principal Place of Business   | 3. Mailing Address  |   |
| Suite, Apt. #, etc.  | Suite, Apt. #, etc. |   |
| City & State   |                     | City & State  |
| Zip  | Country             | Zip Country   |

FILED

04 NOV -9 AM 8:18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



11032004 Chg-P CR2E034 (10/03)

|  |  |
|--|--|
| 4. FEI Number<br><b>65-1049051</b>   | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |  |

|   |  |
|---|--|
| <b>5. Name and Address of Current Registered Agent</b><br><br>ESTES, CYNTHIA<br>3773 NORTH FEDERAL HIGHWAY<br>POMPANO BEACH, FL 33064 | <b>7. Name and Address of New Registered Agent</b><br>Name <u>GITTMAN, ALLAN</u><br>Street Address (P.O. Box Numbers Not Acceptable) <u>3773 N. FEDERAL HIGHWAY</u><br>City <u>POMPANO BEACH</u> FL Zip <u>33064</u> |
|---|--|

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: *Allan Gittman* DATE: 11/2/04

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

|                              |  |  |
|------------------------------|--|--|
| <b>Amended AR is \$61.25</b> | 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                      | DP <input type="checkbox"/> Delete             | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | GITTMAN, ALLAN                                 | NAME  |   |
| STREET ADDRESS             | 3773 NORTH FEDERAL HIGHWAY                     | STREET ADDRESS  | <b>800042609668</b>   |
| CITY-ST-ZIP                | POMPANO BEACH, FL 33064                        | CITY-ST-ZIP   | 11/09/04--01087--012 **\$61.25                                    |
| TITLE                      | DST <input checked="" type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | ESTES, CYNTHIA                                 | NAME  |   |
| STREET ADDRESS             | 3773 NORTH FEDERAL HIGHWAY                     | STREET ADDRESS  |   |
| CITY-ST-ZIP                | POMPANO BEACH, FL 33064                        | CITY-ST-ZIP   |   |
| TITLE                      | <input type="checkbox"/> Delete                | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |  | NAME  |   |
| STREET ADDRESS             |  | STREET ADDRESS  |   |
| CITY-ST-ZIP                |  | CITY-ST-ZIP   |   |
| TITLE                      | <input type="checkbox"/> Delete                | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |  | NAME  |   |
| STREET ADDRESS             |  | STREET ADDRESS  |   |
| CITY-ST-ZIP                |  | CITY-ST-ZIP   |   |
| TITLE                      | <input type="checkbox"/> Delete                | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |  | NAME  |   |
| STREET ADDRESS             |  | STREET ADDRESS  |   |
| CITY-ST-ZIP                |  | CITY-ST-ZIP   |   |

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: *Allan Gittman* DATE: 11/2/04 DAYTIME PHONE #: 954-941-8866

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR