

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 13, 2006 08:00 AM
Secretary of State

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. Federal Hwy

3. Mailing Address
3773 N. Federal Hwy

Suite, Apt. #, etc.
/ Suite, Apt. #, etc.

1st MOORE CR2E034 (10/05)

City & State
Pompano Beach, FL

City & State
Pompano Beach, FL

Zip
33064

Country
Broward

Zip
33064

Country
Broward

4. FEI Number
65-1049051

Applied For
☐ Not Applied

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**GITTMAN, ALLAN
3773 NORTH FEDERAL HIGHWAY
POMPANO BEACH FL 33064**

7. Name and Address of New Registered Agent

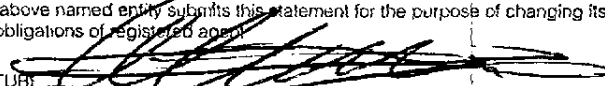
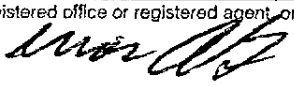
Name

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   **2-1-2006**

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing **\$5.00** May Be Added to Fees
Trust Fund Contribution. ☐ 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	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	U00000431706 02/23/06-80038-018 150.00	☐ Change ☐ Add
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Add

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: 