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	Mailing Address
3773 NORTH FEDERAL HIGHWAY POMPANO BEACH FL 33064	3773 NORTH FEDERAL HIGHWAY POMPANO BEACH FL 33064

2. Principal Place of Business	3. Mailing Address
3773 N. Federal Hwy	3773 N. Federal Hwy
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Pompano Beach, Fl	City & State: Pompano Beach, Fl
Zip: 33064 Country: Broward	Zip: 33064 Country: Broward

1st MOORE CR2E034 (10/05)

4. FEI Number 65-1049051 — Applied For / Not Applicable

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 [signature] — Signature, typed or printed name of registered agent and title if applicable — (NOTE: Registered Agent signature required when reinstating) — DATE 2-1-2006

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 Trust Fund Contribution. ☐ — **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	DP	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	GITTMAN, ALLAN		NAME	U00000431706
STREET ADDRESS	3773 NORTH FEDERAL HIGHWAY		STREET ADDRESS	02/23/06-80038-018 150.00
CITY-ST-ZIP	POMPANO BEACH FL 33064		CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
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CITY-ST-ZIP			CITY-ST-ZIP	
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CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ 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 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: [signature]