

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P00000091172

1. Entity Name

NORTH BROWARD COMMUNITY HEALTH CENTER, INC.



Principal Place of Business

3773 NORTH FEDERAL HIGHWAY  
POMPAÑO BEACH FL 33064

Mailing Address

3773 NORTH FEDERAL HIGHWAY  
POMPAÑO BEACH FL 33064

2. Principal Place of Business - No P.O. Box #

3773 N. Fed Hwy

3. Mailing Address

3773 N. Federal Hwy

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Pompano FL

City & State

Pompano FL

Zip

33064

Country

Broward

Zip

33064

Country

Broward

6. Name and Address of Current Registered Agent

GITTMAN, ALLAN  
3773 NORTH FEDERAL HIGHWAY  
POMPAÑO 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, 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, 2007 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

TITLE DP ☐ Delete  
NAME GITTMAN, ALLAN  
STREET ADDRESS 3773 NORTH FEDERAL HIGHWAY  
CITY ST ZIP POMPAÑO BEACH FL 33064

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY ST ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY ST ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY ST ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY ST ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY ST ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY ST ZIP  
000087605140  
02/08/07--01001--017 \*\*350.00

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY ST ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY ST ZIP

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY ST ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-23-07 (954) 941-8866

FILED  
07 JAN 31 PM 4:26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

