
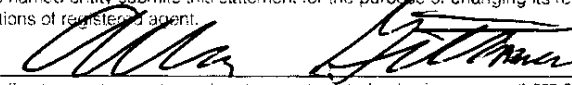
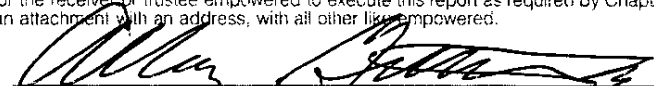


2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 08, 2008 8:00 am
Secretary of State

02-08-2008 90038 043 ***150.00

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 # 3333 H. Federal Hwy		3. Mailing Address 3333 H. Federal Hwy			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Pompano Beach FL		City & State Pompano Beach, FL		1st MOORE CR2E034 (10/07)	
Zip 33064		Country Broward		4. FEI Number 65-1049051	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
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  1-30-2008 <small>Signature, typed or printed name of registered agent and filer, if applicable. (NOTE: Registered Agent signature required when constituting)</small> DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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 POMPAÑO BEACH FL 33064	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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:  1-30-2008 (954) 941-8866			SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #		