

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P02000119396

**FILED**  
**Jan 05, 2012**  
**Secretary of State**

**Entity Name:** BROWARD HAND CENTER, INC.

**Current Principal Place of Business:**

3100 CORAL HILLS DRIVE  
SUITE 305  
CORAL SPRINGS, FL 33065

**New Principal Place of Business:**

**Current Mailing Address:**

3100 CORAL HILLS DRIVE SUITE 305  
CORAL SPRINGS, FL 33065

**New Mailing Address:**

**FEI Number:** 05-0544525

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GELLMAN, HARRIS  
3100 CORAL HILLS DRIVE SUITE305  
CORAL SPRINGS, FL FL US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** DR  
**Name:** GELLMAN, HARRIS  
**Address:** 1605 VICTORIA POINTE LANE  
**City-St-Zip:** WESTON, FL 33327

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

**SIGNATURE:** HARRIS GELLMAN

MD

01/05/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date