

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000018962

FILED
Jan 14, 2004
Secretary of State

Entity Name: THE HEADACHE NETWORK OF BROWARD COUNTY, INC.

Current Principal Place of Business:

4101 N.W. 4TH STREET
208
PLANTATION, FL 33317

New Principal Place of Business:

Current Mailing Address:

4101 N.W. 4TH STREET
208
PLANTATION, FL 33317

New Mailing Address:

FEI Number: 82-0586647

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SANDERS, STEVE
3480 SOUTH ORCHARD ROAD EAST
DAVIE, FL 33328 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: TANNENBAUM, D.C., DR. RUSSELL
Address: 2464 N UNIVERSITY DRIVE
City-St-Zip: PEMBROKE PINES, FL 33024

Title: VP () Delete
Name: SANDERS, MSN/ARNP, LAURIE C
Address: 3480 SOUTH ORCHARD ROAD EAST
City-St-Zip: DAVIE, FL 33328

Title: D () Delete
Name: ROSS, MD, DR. DAVID B
Address: 4101 NW 4TH ST, STE 208
City-St-Zip: PLANTATION, FL 33317

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: LAURIE C. SANDERS, MSN/ARNP

VP

01/14/2004

Electronic Signature of Signing Officer or Director

Date