

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 01, 2004 8:00 am
Secretary of State

04-30-2004 90268 001 ***150.00

DOCUMENT # P03000037324			
1. Entity Name THE BROWARD MEDICAL TIMES, INC.			
Principal Place of Business 2400 EAST COMMERCIAL BLVD FORT LAUDERDALE FL 33308		Mailing Address PO BOX 131 259-C EAST COMMERCIAL BLVD LAUDERDALE BY THE SEA FL 33308	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI FL 33145		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	

66425072



MOORE CR2E034 (11/03)

4. FEI Number 03-0512867	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2004, Fee will be \$350.00 Make Check Payable to Florida Department of State	8. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PSTD SHAFFER, CHARLES L 2400 EAST COMMERCIAL BLVD FORT LAUDERDALE FL 33308 ☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 807, 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 duly empowered.

SIGNATURE: *Charles L. Shaffer* **CHARLES L. SHAFFER** **APRIL 26TH 2004**
Signature AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR Date Daytime Phone #

1-9548739893