

2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P04000138274

1. Entity Name
HOSPITAL WITHOUT WALLS OF BROWARD, INC.



Principal Place of Business
1200 S FEDERAL HWY
205
BOYNTON BEACH, FL 33435 US

Mailing Address
1200 S FEDERAL HWY
205
BOYNTON BEACH, FL 33435 US

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

04202006 Chg-P CR2E034 (11/05)

4. FEI Number
20-1704740

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HABIB, BAHER F
1200 S FEDERAL HWY
205
BOYNTON BEACH, FL 33435

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Amended AR is \$61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME HABIB, BAHER F
STREET ADDRESS 1200 S FEDERAL HWY, SUITE 205
CITY-ST-ZIP BOYNTON BEACH, FL 33435 ☐ Delete

TITLE T
NAME ISHAK, EMAD
STREET ADDRESS 10288 HUNT CLUB LANE
CITY-ST-ZIP PALM BEACH GARDENS, FL 33418 ☐ Delete

TITLE VP
NAME SCHOTT, ROBERT A
STREET ADDRESS 4371 EMPRESS ST
CITY-ST-ZIP PALM BEACH GARDENS, FL 33410 ☒ Delete

TITLE VP
NAME GREENHALGH, TERRY L
STREET ADDRESS 7491 RIDGECFIELD LANE
CITY-ST-ZIP LAKE WORTH, FL 33467 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
300074460213
05/12/06--01005--019 **70.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
B 5/2/04

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: Baher Habib 4/21/06 561-4369895
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #