

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000027915

**FILED**  
**Jan 12, 2011**  
**Secretary of State**

**Entity Name:** HEALTH MAX OF BROWARD, INC.

**Current Principal Place of Business:**

3602 DOVECOTE MEADOW LANE  
DAVIE, FL 33328

**New Principal Place of Business:**

2215 S. UNIVERSITY DR.  
DAVIE, FL 33324

**Current Mailing Address:**

3602 DOVECOTE MEADOW LANE  
DAVIE, FL 33328

**New Mailing Address:**

2215 S. UNIVERSITY DR.  
DAVIE, FL 33324

**FEI Number:** 20-2504319

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HANDIN, GARY I  
3111 UNIVERISTY DRIVE SUITE 605  
CORAL, FL 33065 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: D  
Name: DENNY, SCOTT  
Address: 2215 S. UNIVERSITY DR.  
City-St-Zip: DAVIE, FL 33324

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: SCOTT DENNY

D

01/12/2011

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

\_\_\_\_\_ Date