2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 31, 2007 8:00 am
Secretary of State

08-17-2007 90031 005 ***558.75

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2nd MOORE CR2E034 (4/07)

DOCUMENT # P06000127072

1. Entity Name
NORTH BROWARD COMMUNITY HEALTH INC

Principal Place of Business	Mailing Address
3773 N FEDERAL HWY POMPANO BEACH FL 33064 US	3773 N FEDERAL HWY POMPANO BEACH FL 33064 US

2. Principal Place of Business - No P.O. Box # 3333 N. Federal	3. Mailing Address 3333 N. Federal Hwy
Suite, Apt. #, etc. Hwy.	Suite, Apt. #, etc.
City & State Pompano Beach	City & State Pompano Beach, Fl
Zip Fl. 33064 / Country Broward	Zip 33064 / Country Broward

4. FEI Number 26-0219703 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

GITTMAN, ALLAN
3773 N FEDERAL HWY
POMPANO BEACH FL 33064

7. Name and Address of New Registered Agent

Name: Gittman Allan
Street Address (P.O. Box Number is Not Acceptable): 333 N. Federal Hwy
City: Pompano Beach FL Zip Code 33064

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 ______ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $550.00
DUE BY September 5, 2007
Make Check Payable to Florida Department of State

S.607.193(2)(b), F.S., allows for the waiver of the $400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is $150.00. ☐

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	☐ Delete	TITLE		☒ Change ☐ Addition
NAME	GITTMAN, ALLAN		NAME	Gittman Allan	
STREET ADDRESS	8181 W BROWARD BLVD #350		STREET ADDRESS	333 N. Federal Hwy	
CITY-ST-ZIP	PLANTATION FL 33324		CITY-ST-ZIP	Pompano Beach, Fl 33064	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
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CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: [signature] 8-13-2007 (954) 941 8866

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #