

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

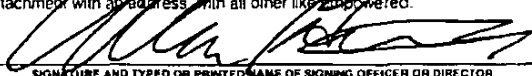
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Aug 31, 2007 8:00 am
Secretary of State

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2nd MOORE CR2E034 (4/07)

DOCUMENT # P06000127072			
1. Entity Name NORTH BROWARD COMMUNITY HEALTH INC			
Principal Place of Business 3773 N FEDERAL HWY POMPANO BEACH FL 33064 US		Mailing Address 3773 N FEDERAL HWY POMPANO BEACH FL 33064 US	
2. Principal Place of Business - No P.O. Box # 3333 N. Federal Hwy.		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	
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 Numbers 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 _____ (NOTE: Registered Agent signature required when registered)			
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	
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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 information.			
SIGNATURE: 		8-13-2007 (gru) 941 8866	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	