

2008. FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 24, 2008 8:00 am
Secretary of State

03-24-2008 90043 017 ***150.00

DOCUMENT # P06000127072

1. Entity Name

NORTH BROWARD COMMUNITY HEALTH INC



Principal Place of Business

3333 N. FEDERAL HWY
POMPANO BEACH FL 33064
US

Mailing Address

3333 N. FEDERAL HWY
POMPANO BEACH FL 33064
US



2. Principal Place of Business - No P.O. Box #

3333 N. Federal Hwy

Suite, Apt. #, etc.

3. Mailing Address

3333 N. Federal Hwy

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/07)

City & State

Pompano Beach FL

City & State

Pompano Beach, FL

4. FEI Number

26-0219703

Applied For

Not Applicable

Zip

33064

Country

Broward

Zip

33064

Country

Broward

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GITTMAN, ALLAN
3333 N. FEDERAL HWY
POMPANO BEACH FL 33064

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

Signature, typed or printed name of registered agent and state thereof.

NOTE: Registered Agent signature required when submitting.

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
P
GITTMAN, ALLAN
3333 N. FEDERAL HWY
POMPANO BEACH FL 33064 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
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CITY - ST - ZIP
☐ Change ☐ Addition

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-6-2008 941-8866

Date

Electronic Filing #