

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000001423

FILED  
May 14, 2012  
Secretary of State

Entity Name: BROWARD CENTER FOR MENTAL HEALTH PA

## Current Principal Place of Business:

3127 W. HALLANDALE BEACH BLVD., # 115  
PEMBROKE PARK, FL 33009

## New Principal Place of Business:

3129 W. HALLANDALE BEACH BLVD., # 107  
PEMBROKE PARK, FL 33009

## Current Mailing Address:

3127 W. HALLANDALE BEACH BLVD., # 115  
PEMBROKE PARK, FL 33009

## New Mailing Address:

3129 W. HALLANDALE BEACH BLVD., # 107  
PEMBROKE PARK, FL 33009

FEI Number: 27-1600989

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ROSENWASSER, ROBERT V  
687 N BISCAYNE RIVER DR  
MIAMI, FL 33169 US

## Name and Address of New Registered Agent:

ROSENWASSER, ROBERT V  
3129 W. HALLANDALE BEACH BLVD.  
SUITE 107  
PEMBROKE PARK, FL 33009 US

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:

05/14/2012

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: P  
Name: ROSENWASSER, ROBERT ESQ  
Address: 3129 W. HALLANDALE BEACH BLVD. SUITE 107  
City-St-Zip: PEMBROKE PARK, FL 33009

Title: VP  
Name: LUKE, BARBARA RN  
Address: 3129 W. HALLANDALE BEACH BLVD. SUITE 107  
City-St-Zip: PEMBROKE PARK, FL 33009

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: BARBARA LUKE

VP

05/14/2012

Electronic Signature of Signing Officer or Director

Date