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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9400062561 (3)

BROWARD THERAPEUTIC RESOURCES, INC.

FILED May 11 1998 8:00am Secretary of State



Mailing Address Principal Place of Business **9035 CAVATINA PLACE** 9035 CAVATINA PLACE **BOYNTON BEACH FL 33437 BOYNTON BEACH FL 33437** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/25/1994 2. Principal Place of Business 2a. Mailing Address 4. FEI Numbe Applied For Not Applicable 21 26 65:0519017 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Zip Country Country Z_{0} 8. This corporation owes or has paid the current year Intangible 30 Personal Property Tax due June 30 ☐ No 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name CONGDON, JOHN P 9035 CAVATINA PLACE Street Address (P.O. Box Number is Not Acceptable) 82 **BOYNTON BEACH FL 33437** 83 City Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of ingistered agent and title if applicable (NOTE: Registered Agent signature required when rainstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. DELETE Change Addition TITLE 1.1 TITLE CONGDON, JOHN P 1.2 NAME NAME STREET ADDRESS 9035 CAVATINA PLACE 1.3 STREET ADDRESS BOYNTON BEACH FL 33437 1.4 CITY - ST - ZIP CITY-ST-ZIP DELETE TITLE Change Addition 2.1 TITLE CONGDON, REBECCA NAME 2.2 NAME 9035 CARATINA PALCE 2.3 STREET ADDRESS STREET ADDRESS **BOYNTON BEACH FL** 2. 4 CHY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition 5.1 TITLE TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST- ZIP DELETE Change Addition 6.1 TITLE TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 6.4 CITY-ST-ZIP 14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed or on an attachment with an address.

11/20/160