FILED
May 21, 2002 8:00 am
Secretary of State
05-21-2002 91216 012 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000015657

1. Entity Name
BROWARD REFERRAL ASSOCIATES, INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
6116 ATLANTIC SHORES BLVD
Suite, Apt. #, etc.
City & State
HALLANDALE, FL
Zip 33009 Country USA

3. Mailing Address
6116 ATLANTIC SHORES BLVD
Suite, Apt. #, etc.
City & State
HALLANDALE, FL
Zip 33009 Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0644996
☐ Applied For
☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name DEROSA, MARY
Street Address (P.O. Box Number is Not Acceptable)
6116 ATLANTIC SHORES BLVD.
City HALLANDALE FL Zip Code 33009

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.

SIGNATURE Cathi DeRosa-Marra DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☑ (See criteria on back)

January 1 - May 1, Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DEROSA, MARY 6116 ATLANTIC SHORES BLVD HALLANDALE, FL 33009
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DEROSA-MARRA, CATHI 6116 ATLANTIC SHORES, BLVD. HALLANDALE, FL 33009
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CR2E034B (12/01)

13. 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 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: X Cathi DeRosa-Marra 4-27-02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #