

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000015657

FILED
Apr 30, 2005
Secretary of State

Entity Name: BROWARD REFERRAL ASSOCIATES, INC.

Current Principal Place of Business:

616 ATLANTIC SHORES BLVD
HALLANDALE, FL 33009

New Principal Place of Business:

Current Mailing Address:

616 ATLANTIC SHORES BLVD
HALLANDALE, FL 33009

New Mailing Address:

FEI Number: 65-0644996

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DEROSA, MARY
616 ATLANTIC SHORES BLVD
HALLANDALE, FL 33009 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: DEROSA, MARY
Address: 616 ATLANTIC SHORES BLVD
City-St-Zip: HALLANDALE, FL 33009

Title: VP () Delete
Name: DEROSA-NARRA, CATHI
Address: 616 ATLANTIC SHORES, BLVD
City-St-Zip: HALLANDALE, FL 33009

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: DEROSA, CATHI
Address: 616 ATLANTIC SHORES, BLVD
City-St-Zip: HALLANDALE, FL 33009

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: CATHI DEROSA

VP

04/30/2005

Electronic Signature of Signing Officer or Director

Date