

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000015657

FILED  
May 01, 2006  
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:

DEROSA, CATHI  
616 ATLANTIC SHORES BLVD  
HALLANDALE, 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: CATHI DEROSA

05/01/2006

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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, CATHI  
Address: 616 ATLANTIC SHORES, BLVD  
City-St-Zip: HALLANDALE, FL 33009

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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

P

05/01/2006

Electronic Signature of Signing Officer or Director

Date