

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 481879

FILED
Jan 04, 2006
Secretary of State

Entity Name: MEDICAL MULTI-SPECIALTY GROUP OF WEST BROWARD, P.A.

Current Principal Place of Business:

8391 W. OAKLAND PK BLVD
SUNRISE, FL 33351

New Principal Place of Business:

Current Mailing Address:

8391 W. OAKLAND PK BLVD
SUNRISE, FL 33351

New Mailing Address:

FEI Number: 59-1635576

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LASKIN, RONI D
1000 S PINE ISLAND ROAD
#250
PLANTATION, FL 33324 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: LINDEN, STEVEN F
Address: 8391 W. OAKLAND PARK BLVD
City-St-Zip: SUNRISE, FL 33351

Title: VPT () Delete
Name: KOCH, HOWARD S
Address: 8391 W. OAKLAND PK BLVD
City-St-Zip: SUNRISE, FL 33351

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: STEVEN LINDEN

P

01/04/2006

Electronic Signature of Signing Officer or Director

Date