2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2008
Secretary of State

DOCUMENT# P04000061009

Entity Name: BROWARD MEDICAL CARE ASSOCIATES, INC.

Current Principal Place of Business:

3465 GALT OCEAN DR.
FT LAUDERDALE, FL 33308 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 11457
FT LAUDERDALE, FL 33339 US

New Mailing Address:

FEI Number: 20-0995212 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

TOLEDANO, VICTOR
3701 GALT OCEAN DR
FORT LAUDERDALE, FL 33308 US

Name and Address of New Registered Agent:

TOLEDANO, VICTOR
3465 GALT OCEAN DR
FORT LAUDERDALE, FL 33308 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: _____ 04/24/2008
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: M ( ) Delete
Name: TOLEDANO, VICTOR
Address: 3701 GALT OCEAN DR
City-St-Zip: FORT LAUDERDALE, FL 33308

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: M (X) Change ( ) Addition
Name: TOLEDANO, VICTOR
Address: 3465 GALT OCEAN DR
City-St-Zip: FORT LAUDERDALE, FL 33308

I hereby certify that the information supplied with this filing does not qualify 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: VICTOR TOLEDANO MD 04/24/2008
Electronic Signature of Signing Officer or Director — Date