2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2007
Secretary of State

DOCUMENT# P05000155025

Entity Name: THE FAMILY HEALTH CENTER OF BROWARD INC

Current Principal Place of Business:

5920 JOHNSON ST SUITE 104
HOLLYWOOD, FL 33021

New Principal Place of Business:

5920 JOHNSON ST
SUITE 104
HOLLYWOOD, FL 33021

Current Mailing Address:

5920 JOHNSON ST SUITE 104
HOLLYWOOD, FL 33021

New Mailing Address:

FEI Number: 20-4045097 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MANTILLA, JOHN F
5920 JOHNSON ST SUITE 104
HOLLYWOOD, FL 33021 US

Name and Address of New Registered Agent:

ORTIZ, JESUS D
5920 JOHNSON ST SUITE 104
HOLLYWOOD, FL 33021 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: JESUS ORTIZ 01/09/2007
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: MD ( ) Delete
Name: ESCOBAR, EDGAR N
Address: 5920 JOHNSON ST SUITE 104
City-St-Zip: HOLLYWOOD, FL 33021

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: MD (X) Change ( ) Addition
Name: MEJIA, JAIME H
Address: 5920 JOHNSON ST SUITE 104
City-St-Zip: HOLLYWOOD, FL 33021

Title: MR ( ) Change (X) Addition
Name: ORTIZ, JESUS D
Address: 5920 JOHNSON ST. SUITE 104
City-St-Zip: HOLLYWOOD, FL 33021

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: JAIME H. MEJIA MD 01/09/2007
Electronic Signature of Signing Officer or Director Date