


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90216 012 ***158.75

DOCUMENT # P06261

1. Entity Name
MAXICARE OF BROWARD, INC.



Principal Place of Business Mailing Address

800 FAIRWAY DR **80 S.W. 8TH STREET**
250 **SUITE 2350**
DEERFIELD BCH, FL 33441 US **MIAMI, FL 33130 US**

94070003



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

03312004 Chg-P CR2E034 (10/03)

4. FEI Number Applied For
59-2540781 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

CORPORATE CREATIONS NETWORK INC.
11380 PROSPERITY FARMS ROAD #221E
PALM BEACH GARDENS, FL 33410

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

| | | |
|--|--|--|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | PVT SPENCER, ANGEL 80 S.W. 8TH STREET, SUITE 2350 MIAMI, FL 33130 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | S ANGEL, SPENCER 80 S.W. 8TH STREET, SUITE 2350 MIAMI, FL 33130 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Delete |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|--|---------------|---|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | See attached. | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | See attached. | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Karen A. Smith* **Karen A. Smith** 4/26/04 305-350-7515
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Attachment

P06261

Additions/Changes to Officers and Directors in 11.

| | | | |
|----------------|--|--|--|
| Title | P/D | <input type="checkbox"/> Change | <input checked="" type="checkbox"/> Addition |
| Name | Richard C. Pfenniger, Jr. | | |
| Street Address | 80 SW 8 th Street, Suite 2350 | | |
| City-St-Zip | Miami, FL 33130 | | |
| Title | V/D | <input type="checkbox"/> Change | <input checked="" type="checkbox"/> Addition |
| Name | Patrick M. Healy | | |
| Street Address | 80 SW 8 th Street, Suite 2350 | | |
| City-St-Zip | Miami, FL 33130 | | |
| Title | V | <input type="checkbox"/> Change | <input checked="" type="checkbox"/> Addition |
| Name | Luis H. Izquierdo | | |
| Street Address | 80 SW 8 th Street, Suite 2350 | | |
| City-St-Zip | Miami, FL 33130 | | |
| Title | T/S | <input checked="" type="checkbox"/> Change | <input type="checkbox"/> Addition |
| Name | Janet L. Holt | | |
| Street Address | 80 SW 8 th Street, Suite 2350 | | |
| City-St-Zip | Miami, FL 33130 | | |
| Title | V/S | <input type="checkbox"/> Change | <input checked="" type="checkbox"/> Addition |
| Name | Karen A. Smith | | |
| Street Address | 80 SW 8 th Street, Suite 2350 | | |
| City-St-Zip | Miami, FL 33130 | | |
| Title | D | <input type="checkbox"/> Change | <input checked="" type="checkbox"/> Addition |
| Name | Phillip Frost, M. D. | | |
| Street Address | 80 SW 8 th Street, Suite 2350 | | |
| City-St-Zip | Miami, FL 33130 | | |
| Title | D | <input type="checkbox"/> Change | <input checked="" type="checkbox"/> Addition |
| Name | Jacob Nudel, M. D. | | |
| Street Address | 80 SW 8 th Street, Suite 2350 | | |
| City-St-Zip | Miami, FL 33130 | | |
| Title | D | <input type="checkbox"/> Change | <input checked="" type="checkbox"/> Addition |
| Name | Robert Cresci | | |
| Street Address | 80 SW 8 th Street, Suite 2350 | | |
| City-St-Zip | Miami, FL 33130 | | |
| Title | D | <input type="checkbox"/> Change | <input checked="" type="checkbox"/> Addition |
| Name | Neil Flanzraich | | |
| Street Address | 80 SW 8 th Street, Suite 2350 | | |
| City-St-Zip | Miami, FL 33130 | | |
| Title | D | <input type="checkbox"/> Change | <input checked="" type="checkbox"/> Addition |
| Name | Marvin Strait | | |
| Street Address | 80 SW 8 th Street, Suite 2350 | | |
| City-St-Zip | Miami, FL 33130 | | |