


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 08, 2008 08:00 AM**  
**Secretary of State**


**DOCUMENT # P96000012680**  
 1. Entity Name  
 SOUTH BROWARD PEDIATRIC IPA, INC.



Principal Place of Business  
 2900 CORPORATE WAY  
 MIRAMAR, FL 33025

Mailing Address  
 2900 CORPORATE WAY  
 MIRAMAR, FL 33025

**DO NOT WRITE IN THIS SPACE**



04302008 No Chg-P CR2E034 (11/05)

4. FEI Number  
 65-0687774 Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

BARBER, GARY  
 1011 N. 35 AVE.  
 HOLLYWOOD, FL 33021

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 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	DC LEVIN, PHILIP A C/O MIH 2900 CORPORATE WAY MIRAMAR, FL 33025
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D VASQUEZ, ANTHONY C/O MIH 2900 CORPORATE WAY MIRAMAR, FL 33025
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HANIF, IFTIKHAR M.D. C/O MIH 2900 CORPORATE WAY MIRAMAR, FL 33025
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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**DO NOT WRITE IN THIS SPACE**

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 06/03/08-80037-021 150:00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  Philip Levin 5/7/08 954-965-7332

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #