

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000110378

**Entity Name:** ASSOCIATES IN FAMILY PRACTICE OF BROWARD, L.L.C.

**Current Principal Place of Business:**

4801 S UNIVERSITY DRIVE  
STE 2300  
DAVIE, FL 33328

**Current Mailing Address:**

4801 S UNIVERSITY DRIVE, STE 2300  
DAVIE, FL 33328 US

**FEI Number:** 26-1337493

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

AUERBACH, MARC H. ESQ.  
200 S BISCAYNE BLVD.  
SUITE 4410  
MIAMI, FL 33131 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:** MARC AUERBACH

04/23/2017

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name PEREZ, JOSEPH  
Address 4801 S. UNIVERSITY DR. STE. 2300  
City-State-Zip: DAVIE FL 33328

Title MGR  
Name LAFRATTA, LUIS F  
Address 4801 S UNIVERSITY DR  
SUITE 2300  
City-State-Zip: DAVIE FL 33328

*I hereby 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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** LUIS LAFRATTA

MANAGER

04/23/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date