

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Norrhus
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 30 AM 8: 50

DOCUMENT # **602389** (9)
1. Corporate Name
FAMILY MEDICAL ASSOCIATES OF BROWARD, P.A.

Principal Place of Business Mailing Address
150 NW 70 AVE PLANTATION FL 33317 US **150 NW 70 AVE PLANTATION FL 33317 US**

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified **09/09/1970** 3a. Date of Last Report **03/07/1994**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21	State, Apt. # etc.	26	State, Apt. # etc.	59-1302248		Not Applicable	
22. City & State		27. City & State		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required <input type="checkbox"/> \$5.00 May Be Added to Fees	
23	City & State	28	City & State	6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Zip	25	Country	29	Zip	30	Country
9. Name and Address of Current Registered Agent				8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes			
SELBST, ALLAN, M.D. 150 NW 70TH AVE PLANTATION FL 33317				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
SELBST, ALLAN, M.D. 150 NW 70TH AVE PLANTATION FL 33317				81. Name			
				82. Street Address (P.O. Box Number is Not Acceptable)			
				83. City			
				84. City		85. Zip Code	
FL							

11. Pursuant to the provisions of Sections 607.0602 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12'	
12.1 TITLE	TD	13.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.2 NAME	ALVAREZ, JOSE, M.D.	13.2 NAME	
12.3 STREET ADDRESS	150 N.W. 70TH AVE	13.3 STREET ADDRESS	
12.4 CITY, STATE	PLANTATION FL	13.4 CITY, ST, ZIP	
12.5 TITLE	PD	13.5 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.6 NAME	SELBST, ALLAN, M.D.	13.6 NAME	
12.7 STREET ADDRESS	150 N.W. 70TH AVE.	13.7 STREET ADDRESS	
12.8 CITY, STATE	PLANTATION FL	13.8 CITY, ST, ZIP	
12.9 TITLE	SD	13.9 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.10 NAME	LANES, GERARDO, M.D.	13.10 NAME	
12.11 STREET ADDRESS	150 N.W. 70TH AVENUE	13.11 STREET ADDRESS	
12.12 CITY, STATE	PLANTATION FL	13.12 CITY, ST, ZIP	
12.13 TITLE	VD	13.13 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.14 NAME	DABUL, ELIAS, M.D.	13.14 NAME	
12.15 STREET ADDRESS	150 NW 70TH AVE	13.15 STREET ADDRESS	
12.16 CITY, STATE	PLANTATION FL	13.16 CITY, ST, ZIP	
12.17 TITLE		13.17 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12.18 NAME		13.18 NAME	D Roberto Saez, MD
12.19 STREET ADDRESS		13.19 STREET ADDRESS	150 NW 70th Ave.
12.20 CITY, STATE		13.20 CITY, ST, ZIP	Plantation, FL 33317
12.21 TITLE		13.21 TITLE	
12.22 NAME		13.22 NAME	
12.23 STREET ADDRESS		13.23 STREET ADDRESS	
12.24 CITY, STATE		13.24 CITY, ST, ZIP	

14. I, the undersigned, certify that the information requested with this filing is voluntarily furnished, and does not qualify for the exemptions stated in Sections 119.037, 119.038, Florida Statutes. I further certify that the information is stated on this annual report or supplementary annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. I am an officer or director of this corporation or the receiver or trustee of this corporation and I consent to the report as required by Chapter 607, Florida Statutes, and that my name appears on Block 12 or Block 13 if changed or added as applicable.

SIGNATURE:

[Handwritten Signature]
SIGNATURE AND TYPE PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-13-95 (305) 584-8050
Date Telephone Number