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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT #(200720

97 APR 28 AM 7: 07
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT #600729 1. Corporation Name AMBULATORY CARE-BROWARD DEVELOPMENT CORP.				SECRETARY OF STATE TALLAHASSEE FLORIDA	
Principal Placi		Mailing Address			
3820 State Street c/o Mary H. YUmibe Santa Barbara, CA 93105 3820 State Street				Į	
		Santa Barbara	. UA 93105	3. Date Incorporated or Qualified	3a. Date of Last Report
			<u></u>	9/21/82 4. FEI Number	1996
	abe of Business	2a. Mailing Address			Applied For
Surto Apt i	# +di0	26 Suite, Apt. #, etc.		95-4023018	Not Applicable \$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip 24]	Country 25	Z(p 29	Country 30	This corporation has liability for Florida Statutes	intangible tax under s. 199.032, Yes 😨 No
	9. Name and Address of Co	urrent Registered Agent		10. Name and Address of New Re	gistered Agent
<i>a</i> .		•	61 Name		!
	r Corporation Sys 00 S. Pine Island		82 Street Ac	ddress (P.O. Box Number is Not Accepted	
			83	05/01/3	17 01104 022 -
LTS	entation, FL 333	124	63	未来来 169	
			84 City		85 Zip Code
			i I		
11. Pursiiani t	o the provisions of Sections 60	7.0502 and 607.1508, Florida Statu	tes, the above-named co	orporation submits this statement for the p	urpose of changing its registered
office or n agent. Far	egistered agent, or both, in the l	7.0502 and 607.1508, Florida Statu State of Florida. Such chan ge was obligations of, Section 607.0505, Fl	authorized by the corpo	orporation submits this statement for the p ration's board of directors. I hereby accep	urpose of changing its registered at the appointment as registered
office or n	egistered agent, or both, in the l	State of Florida. Such change was obligations of, Section 607.0505, Fl	authorized by the corpo	oration's board of directors. I hereby accep	urpose of changing its registered at the appointment as registered
office or no agent. Lar SiGNATURE.	egistered agent, or both, in the in familiar with, and accept the instance of registers to the order came of registers.	State of Fiorida, Such change was obligations of, Section 607 0505, Florid agent and title if applicable (NO'S AND DIRECTORS	authorized by the corpolorida Statutes. TE Registered Agent signature re 13.	oration's board of directors. I hereby acceptions are a compared when reinstaling) ADDITIONS/CHANGES TO OFFICE	DATE DATE CERS AND DIRECTORS IN 12
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4. Lide 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 annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made only and it as an officer or oriector of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my dank applicable the Chapter 607, Florida Statutes, and that my dank applicable to execute this report as required by Chapter 607, Florida Statutes, and that my dank applicable to execute this report as required by Chapter 607, Florida Statutes.

SIGNATURE:

SCOLE M. BI

Scott M. Brown , Secretary

4/24/97

805/563-7075

Daytime Phone #