



2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # G00729 1. Entity Name AMBULATORY CARE-BROWARD DEVELOPMENT CORP.						FILED 04 MAR -3 PM 3:29 SECRETARY OF STATE TALLAHASSEE, FLORIDA					
Principal Place of Business 3820 STATE STREET SANTA BARBARA, CA 93105 US		Mailing Address 3820 STATE STREET SANTA BARBARA, CA 93105 US		 01052004 Chg-P CR2E034 (10/03)		4. FEI Number 95-4023018		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable			
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.						5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
City & State		City & State									
Zip		Country		Zip		Country		6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324		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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>											
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees							
10. OFFICERS AND DIRECTORS					11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS <input checked="" type="checkbox"/> Delete SILVER, RICHARD B 3820 STATE STREET SANTA BARBARA, CA 93105				TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director/Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Caitlin M. Larsen 3820 State Street Santa Barbara, CA 93105					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input type="checkbox"/> Delete STEIGMAN, DONALD S 500 W. CYPRESS CREEK RD. FORT LAUDERDALE, FL 33309				TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 300029821943 03/03/04--01062--001 **17636.25					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS <input checked="" type="checkbox"/> Delete LARSEN, CAITLIN M 3820 STATE STREET SANTA BARBARA, CA 93105				TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Asst. Secretary Kristina A. Mack 3820 State Street Santa Barbara, CA 93105					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <input type="checkbox"/> Delete DENT, DENNIS L 3820 STATE STREET SANTA BARBARA, CA 93105				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"/> Delete				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"/> Delete				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: <u>Kristina A. Mack</u> Kristina A. Mack, Asst. Secretary <u>2/20/04</u>											
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>						<small>Date</small>		<small>Daytime Phone #</small>			