


2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # G00729 1. Entity Name AMBULATORY CARE-BROWARD DEVELOPMENT CORP.						<div style="font-size: 24px; font-weight: bold;">FILED</div> <div style="font-size: 18px; font-weight: bold;">04 MAR -3 PM 3:29</div> <div style="font-size: 14px; font-weight: bold;">SECRETARY OF STATE TALLAHASSEE, FLORIDA</div>	
Principal Place of Business 3820 STATE STREET SANTA BARBARA, CA 93105 US				Mailing Address 3820 STATE STREET SANTA BARBARA, CA 93105 US			
2. Principal Place of Business Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
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 _____							
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 DVS <input checked="" type="checkbox"/> Delete NAME SILVER, RICHARD B STREET ADDRESS 3820 STATE STREET CITY-ST-ZIP SANTA BARBARA, CA 93105				TITLE Director/Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME Caitlin M. Larsen STREET ADDRESS 3820 State Street CITY-ST-ZIP Santa Barbara, CA 93105			
TITLE P <input type="checkbox"/> Delete NAME STEIGMAN, DONALD S STREET ADDRESS 500 W. CYPRESS CREEK RD. CITY-ST-ZIP FORT LAUDERDALE, FL 33309				TITLE Asst. Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME Kristina A. Mack STREET ADDRESS 3820 State Street CITY-ST-ZIP Santa Barbara, CA 93105			
TITLE AS <input checked="" type="checkbox"/> Delete NAME LARSEN, CAITLIN M STREET ADDRESS 3820 STATE STREET CITY-ST-ZIP SANTA BARBARA, CA 93105				TITLE Asst. Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME Kristina A. Mack STREET ADDRESS 3820 State Street CITY-ST-ZIP Santa Barbara, CA 93105			
TITLE T <input type="checkbox"/> Delete NAME DENT, DENNIS L STREET ADDRESS 3820 STATE STREET CITY-ST-ZIP SANTA BARBARA, CA 93105				TITLE Asst. Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME Kristina A. Mack STREET ADDRESS 3820 State Street CITY-ST-ZIP Santa Barbara, CA 93105			
TITLE T <input type="checkbox"/> Delete NAME DENT, DENNIS L STREET ADDRESS 3820 STATE STREET CITY-ST-ZIP SANTA BARBARA, CA 93105				TITLE Asst. Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME Kristina A. Mack STREET ADDRESS 3820 State Street CITY-ST-ZIP Santa Barbara, CA 93105			
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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>							