


2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # G00729		
1. Entity Name AMBULATORY CARE-BROWARD DEVELOPMENT CORP.		

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 13737 Noel Road Suite, Apt. #, etc. Suite 100 City & State Dallas, TX Zip 75240 Country USA	3. Mailing Address 13737 Noel Road Suite, Apt. #, etc. Suite 100 City & State Dallas, TX Zip 75240 Country USA
--	--

02242005 Chg-P CR2E034 (10/03)

4. FEI Number 95-4023018	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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	SD LARSEN, CAITLIN M 3820 STATE STREET SANTA BARBARA, CA 93105 <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	P STEIGMAN, DONALD S 500 W. CYPRESS CREEK RD. FORT LAUDERDALE, FL 33309 <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	AS MACK, KRISTINA A 3820 STATE STREET SANTA BARBARA, CA 93105 <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	T DENT, DENNIS L 3820 STATE STREET SANTA BARBARA, CA 93105 <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
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

700054206697
05/10/05--01043--011 **150.00

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: Kristina A. Mack Kristina A. Mack, Asst. Secretary 3/10/05 805-563-7000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED
05 APR 28 AM 9:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



APR 29 2005