

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # G00729

1. Entity Name
AMBULATORY CARE-BROWARD DEVELOPMENT CORP.



APPROVED
AND
FILED

06 FEB 24 PM 1:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01192006 Chg-P CR2E034 (11/05)

4. FEI Number
95-4023018

Applied For
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 *Maria Ozaeta*

Maria Ozaeta
Vice President

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE SD ☐ Delete
NAME LARSEN, CAITLIN M
STREET ADDRESS 3820 STATE STREET
CITY - ST - ZIP SANTA BARBARA, CA 93105

TITLE P ☐ Delete
NAME STEIGMAN, DONALD S
STREET ADDRESS 500 W. CYPRESS CREEK RD.
CITY - ST - ZIP FORT LAUDERDALE, FL 33309

TITLE AS ☐ Delete
NAME MACK, KRISTINA A
STREET ADDRESS 3820 STATE STREET
CITY - ST - ZIP SANTA BARBARA, CA 93105

TITLE T ☐ Delete
NAME DENT, DENNIS L
STREET ADDRESS 3820 STATE STREET
CITY - ST - ZIP SANTA BARBARA, CA 93105

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE \ ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE SD ☒ Change ☐ Addition
NAME LARSEN, CAITLIN
STREET ADDRESS 13737 NOEL RD STE 100
CITY - ST - ZIP DALLAS TX 75240

TITLE P ☒ Change ☐ Addition
NAME STEIGMAN, DONALD S
STREET ADDRESS 13737 NOEL RD STE 100
CITY - ST - ZIP DALLAS TX 75240

TITLE AS ☒ Change ☐ Addition
NAME MACK, KRISTINA A
STREET ADDRESS 13737 NOEL RD STE 100
CITY - ST - ZIP DALLAS TX 75240

TITLE T ☒ Change ☐ Addition
NAME SHERMAN, FEFFREY S
STREET ADDRESS 13737 NOEL RD STE 100
CITY - ST - ZIP DALLAS TX 75240

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 an officer like empowered.

SIGNATURE: *Caitlin Larsen*
Caitlin Larsen

1/26/06

469-893-2701

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

K. Eckel FEB 24 2006