


2007 FOR PROFIT CORPORATION ANNUAL REPORT

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

07 APR -3 PM 3: 53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 13737 NOEL ROAD STE 100 DALLAS, TX 75240 US	Mailing Address 13737 NOEL ROAD STE. 100 ATTN: DONNA JARRELL DALLAS, TX 75240
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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1122007 Chg-P CR2E034 (12/06)

City & State	City & State	4. FEI Number 95-4023018	Applied For <input type="checkbox"/> Not Applicable
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
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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, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	SD LARSEN, CAITLIN M <input type="checkbox"/> Delete	TITLE	President Mitchell S Feldman <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	13737 NOEL ROAD STE. 100	STREET ADDRESS	500 W Cypress Creek Rd #700
CITY-ST-ZIP	DALLAS, TX 75240	CITY-ST-ZIP	Ft Lauderdale FL 33309
TITLE	P <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	STEIGMAN, DONALD S 13737 NOEL ROAD STE. 100	STREET ADDRESS	700096380767 04/11/07--01004--002 **150.00
CITY-ST-ZIP	DALLAS, TX 75240	CITY-ST-ZIP	
TITLE	AS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	MACK, KRISTINA A 13737 NOEL ROAD STE. 100	STREET ADDRESS	
CITY-ST-ZIP	DALLAS, TX 75240	CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	SHERMAN, JEFFREY S 13737 NOEL ROAD STE. 100	STREET ADDRESS	
CITY-ST-ZIP	DALLAS, TX 75240	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 of the corpor changed, or

SIGNATURE

Kristina A. Mack

Kristina A. Mack, Asst Sec, 3/28/07
 Phone 469-893-2701