

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

2008 FEB 27 AM 11:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01102008 No Chg-P CR2E034 (11/05)

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



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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DO NOT WRITE IN THIS SPACE

4. FEI Number 95-4023018	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

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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 _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

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

[Handwritten Signature]

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LARSEN, CAITLIN M 13737 NOEL ROAD STE. 100 DALLAS, TX 75240
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FELDMAN, MITCHELL S 500 W CYPRESS CREEK RD. #700 FT LAUDERDALE, FL 33309
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS MACK, KRISTINA A 13737 NOEL ROAD STE. 100 DALLAS, TX 75240
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SHERMAN, JEFFREY S 13737 NOEL ROAD STE. 100 DALLAS, TX 75240
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

400119549024
03/06/08--01015--020 **150.00

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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 all other like empowered.

SIGNATURE: Kristina A. Mack Kristina A. Mack, Assistant Secretary
Date: 1-11-08 Daytime Phone #: 469-893-2701