## 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## Feb 07, 2005 08:00 AM Secretary of State DOCUMENT # H27771 PROSPECT FAMILY MEDICAL CENTER, INC. Principal Place of Business \_ -Mailing Address 4401 N ANDREWS AVENUE FT. LAUDERDALE FL 33309 4401 N ANDREWS AVENUE FT. LAUDERDALE FL 33309 2. Principal Place of Business 3. Mailing Address Suite, Apt #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State City & State 4. FEI Number Applied For 59-2493873 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name TANYA YAZOVA Street Address (P.O. Box Number is Not Acceptable) 4401 N. ANDREWS AVENUE FT. LAUDERDALE FL 33305 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 (NCTE Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 \$5.00 May Be Election Campaign Financing After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. 11 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PD TITLE ☐ Delete TITLE U00000217936 ☐ Change ☐ Addition YAZOV, LUBOMIR NAME NAME 02/07/05-80046-004 150.00 4401 N.ANDREWS AVE. STREET ADDRESS STREET ADDRESS CITY - ST - ZiP FT. LAUDERDALE FL CITY-ST-ZIP THE ☐ Delete Change Addition NAME STREET ADDRESS STREET ADDRESS City-St-7iP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CHY-ST-ZIP TITLE ☐ Addition Defete Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Cally-SJ-7/P TITLE TUILE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP IIIL ☐ Delete ∏ Addi€d ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not stated in Section 119.07(3)(f), 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:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

2-4-20-05

Daytme Phone #

FILED