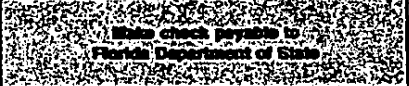


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 25, 2005 8:00 am
Secretary of State

02-21-2005 90175 032 ****50.00

DOCUMENT # L04000028524					
1. Entity Name BROWARD QUALITY MEDICAL, LLC					
Principal Place of Business 6301 PEMBROKE ROAD C/O PEMBROKE PHYSICIANS ASSOCIATED, INC. HOLLYWOOD, FL 33023			Mailing Address 6301 PEMBROKE ROAD C/O PEMBROKE PHYSICIANS ASSOCIATED, INC. HOLLYWOOD, FL 33023		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 55-0862779	
				Applied For Not Applicable	
5. Certificate of Status Desired ☐				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent PEMBROKE PHYSICIANS ASSOCIATED, INC. 6301-PEMBROKE ROAD HOLLYWOOD, FL 33023			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, typewritten printed name of registered agent and state if applicable. (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$50.00 Due by May 1, 2005					
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM PEMBROKE PHYSICIANS ASSOCIATED, INC. 6301 PEMBROKE ROAD HOLLYWOOD, FL 33023 ☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM MARKELIS, MARIO 2500 E. HALLANDALE BEACH BLVD., SUITE 211 HOLLYWOOD, FL 33023 ☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM RAPP, STEVEN J 2500 E. HALLANDALE BEACH BLVD., SUITE 211 HALLANDALE, FL 33009 ☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE: <u><i>Ross M. Papp</i></u>			Date: <u>1-31-05</u>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					