

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 17, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000028524 1. Entity Name BROWARD QUALITY MEDICAL, LLC	
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Principal Place of Business
**6301 PEMBROKE ROAD
C/O PEMBROKE PHYSICIANS ASS, INC.
HOLLYWOOD, FL 33023**

Mailing Address
**6301 PEMBROKE ROAD
C/O PEMBROKE PHYSICIANS ASS, INC.
HOLLYWOOD, FL 33023**



02072006No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 55-0862779	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent

**PEMBROKE PHYSICIANS ASSOCIATED, INC.
6301 PEMBROKE ROAD
HOLLYWOOD, FL 33023**

**DO NOT WRITE
IN THIS SPACE**

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 fee if applicable (NOTE: Registered Agent signature required when reappointing) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PEMBROKE PHYSICIANS ASSOCIATED, INC. 6301 PEMBROKE ROAD HOLLYWOOD, FL 33023
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MARKELIS, MARIO 2500 E. HALLANDALE BEACH BLVD., SUITE 211 HOLLYWOOD, FL 33023
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RAPP, STEVEN J 2500 E. HALLANDALE BEACH BLVD., SUITE 211 HALLANDALE, FL 33009
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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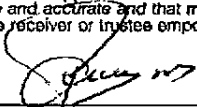
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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02/28/06-80067-007 50.00

**DO NOT WRITE
IN THIS SPACE**

11. 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 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:  **2-8-06**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #