

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 19, 2007 08:00 AM
Secretary of State

DOCUMENT # L04000028524

1. Entity Name
BROWARD QUALITY MEDICAL, LLC



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



01062007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

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

**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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

Filing Fee is \$50.00
Due by May 1, 2007

9. MANAGING MEMBERS/MANAGERS

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

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01/22/07-80034-014 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 _____

ARMANDO E. BOCA M.D.