

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**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**

**FILED**  
**Apr 18, 2008 08:00 A**  
**Secretary of State**



01162008No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>55-0862779</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> 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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

U000000306535  
05/05/08-80006-009 138.75

**9. MANAGING MEMBERS/MANAGERS**

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