

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000028524

FILED  
Jan 29, 2009  
Secretary of State

Entity Name: BROWARD QUALITY MEDICAL, LLC

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

FEI Number: 55-0862779

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: PEMBROKE PHYSICIANS, ASSOCIATED, IN C .  
Address: 6301 PEMBROKE ROAD  
City-St-Zip: HOLLYWOOD, FL 33023

Title: MGRM ( ) Delete  
Name: MARKELIS, MARIO  
Address: 2500 E. HALLANDALE BEACH BLVD., SUITE 211  
City-St-Zip: HOLLYWOOD, FL 33023

Title: MGRM ( ) Delete  
Name: RAPP, STEVEN J  
Address: 2500 E. HALLANDALE BEACH BLVD., SUITE 211  
City-St-Zip: HALLANDALE, FL 33009

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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 ROCA

PRES

01/29/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date