

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000015538

FILED
Jan 31, 2007
Secretary of State

Entity Name: MEDICAL MULTI-SPECIALTY GROUP OF WEST BROWARD, P.L.C.

Current Principal Place of Business:

8391 W. OAKLAND PARK BOULEVARD
SUNRISE, FL 33351

New Principal Place of Business:

Current Mailing Address:

8391 W. OAKLAND PARK BOULEVARD
SUNRISE, FL 33351

New Mailing Address:

FEI Number: 59-1635576

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RONI LASKIN, C.P.A.
1000 S. PINE ISLAND ROAD, SUITE 250
PLANTATION, FL 33324 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: LINDEN, STEVEN F
Address: 8391 W. OAKLAND PARK BOULEVARD
City-St-Zip: SUNRISE, FL 33351

Title: MGRM () Delete
Name: KOCH, HOWARD S
Address: 8391 W. OAKLAND PARK BOULEVARD
City-St-Zip: SUNRISE, FL 33351

ADDITIONS/CHANGES:

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 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: STEVEN LINDEN

PRES

01/31/2007

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