

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 09, 2008 8:00 am
Secretary of State

07-09-2008 90047 036 ***138.75

50008021



DOCUMENT # L07000042435 1. Entity Name BROWARD FAMILY MEDICAL GROUP, L.L.C.					
Principal Place of Business 2701 N.E. 14 STREET CSWY, STE 5 POMPANO BEACH, FL 33062			Mailing Address 2701 N.E. 14 STREET CSWY, STE 5 POMPANO BEACH, FL 33062		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 20-8862151			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$5.00 Additional Fee Required		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
GLEN A. WASKIN, D.O., P.A. 2701 N.E. 14 STREET CSWY, STE 5 POMPANO BEACH, FL 33062			Name Mitchell F Green Street Address (P.O. Box Number is Not Acceptable) 4000 Hollywood Blvd Suite 485 S City Hollywood FL Zip Code 33321		
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		DATE 5/29/08			
Signature typed or printed name of registered agent and date applicable.		(NOTE: Registered Agent signature required when reappointing)			
FILE NOW!!! FEE IS \$138.75 Due by September 12, 2008		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM GLEN A. WASKIN, D.O., P.A. 2701 N.E. 14 STREET CSWY, STE 5 POMPANO BEACH, FL 33062 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	GLEN A. WASKIN, D.O. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM BABAK SHEIKH, M.D., P.A. 2701 N.E. 14 STREET CSWY, STE 5 POMPANO BEACH, FL 33062 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	BABAK SHEIKH, M.D. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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:		Date 5/28/08 Phone # 954-545-1560			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					

BROWARD FAMILY MEDICAL GROUP, L.L.C.
OPERATING ACCOUNT

05-07

ATTACHMENT

1392

954-545-1560
2701 N.E. 14TH STREET CSWY STE 5
POMPANO BEACH, FL 33062-3535

DATE 5/28/08

63-27/631
73

PAY
TO THE
ORDER OF

Florida Department of State

\$ 138.75

One hundred thirty eight dollars ⁷⁵/₁₀₀

DOLLARS

Bank of America



ACH R/T 063100277

FOR TX ID# 208862151

[Signature]

⑈001392⑈ ⑈063100277⑈ 229002806533⑈

**BROWARD
FAMILY MEDICAL
GROUP**

ATTACHMENT

50008021

GLEN A. WASKIN, D.O.
BOARD CERTIFIED FAMILY MEDICINE

VIA Certified 7007 0220 0000 6371 1800

July 3, 2008

Florida Department of State
Division of Corporations
PO Box 6478
Tallahassee, FL 32314

Subject: Broward Family Medical Group, L.L.C

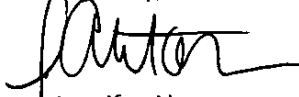
Reference Number: L07000042435

In response to your letter dated June 5, 2008, I am enclosing check number 1438, dated July 3, 2008 in the amount of \$ 138.74 which is the fee to file the enclosed copy of the limited liability company annual report.

I have also enclosed a copy of the check that we sent when we filed the original copies of the annual report. Please file our annual report.

Please do not hesitate to contact me should you need any additional information at 954-545-1560.

Sincerely,



Jennifer Alston