

# **2011 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L07000042435

**FILED**  
**Aug 16, 2011**  
**Secretary of State**

**Entity Name:** BROWARD FAMILY MEDICAL GROUP, L.L.C.

**Current Principal Place of Business:**

2701 N.E. 14 STREET CSWY, STE 5  
POMPANO BEACH, FL 33062

**New Principal Place of Business:**

**Current Mailing Address:**

2701 N.E. 14 STREET CSWY, STE 5  
POMPANO BEACH, FL 33062

**New Mailing Address:**

**FEI Number:** 20-8862151

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GREEN, MITCHELL F  
4000 HOLLYWOOD BLVD  
SUITE 485 S  
HOLLYWOOD, FL 33021 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: MITCHELL GREEN

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** WASKIN, GLEN A DO  
**Address:** 2701 N.E. 14 STREET CSWY, STE 5  
**City-St-Zip:** POMPANO BEACH, FL 33062

**Title:** MGRM  
**Name:** BABAK, SHEIKH MD  
**Address:** 2701 N.E. 14 STREET CSWY, STE 5  
**City-St-Zip:** POMPANO BEACH, FL 33062

I hereby 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: GLEN WASKIN

MGRM

08/16/2011

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