

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000112060

FILED  
Aug 28, 2009  
Secretary of State

Entity Name: BROWARD OSTEOPATHIC GROUP, LLC

## Current Principal Place of Business:

6245 NORTH FEDERAL HIGHWAY, SUITE 300  
FORT LAUDERDALE, FL 33308

## New Principal Place of Business:

6245 NORTH FEDERAL HIGHWAY  
SUITE 300  
FORT LAUDERDALE, FL 33308

## Current Mailing Address:

6245 NORTH FEDERAL HIGHWAY, SUITE 300  
FORT LAUDERDALE, FL 33308

## New Mailing Address:

6245 NORTH FEDERAL HIGHWAY  
SUITE 300  
FORT LAUDERDALE, FL 33308

FEI Number: 26-3835516

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HARKINS, CHRISTOPHER  
6245 NORTH FEDERAL HIGHWAY, SUITE 300  
FORT LAUDERDALE, FL 33308 US

## Name and Address of New Registered Agent:

HARKINS, CHRISTOPHER  
6245 NORTH FEDERAL HIGHWAY  
SUITE 300  
FORT LAUDERDALE, FL 33308 US

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:

08/28/2009

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: FLICKER, MICHEAL D.O.  
Address: 7750 NOVA DRIVE, A4  
City-St-Zip: DAVIE, FL 33324

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: FLICKER, MICHEAL D.O.  
Address: 9633 W BROWARD BLVD, STE 6  
City-St-Zip: PLANTATION, FL 33324

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: MICHAEL FLICKER

MGR

08/28/2009

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