

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000112060

**FILED**  
**Mar 19, 2010**  
**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:**

**Current Mailing Address:**

6245 NORTH FEDERAL HIGHWAY  
SUITE 300  
FORT LAUDERDALE, FL 33308

**New Mailing Address:**

**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 N FEDERAL HIGHWAY  
SUITE 300  
FT 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: CHRISTOPHER HARKINS

03/19/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

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

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: MICHAEL FLICKER

MGR

03/19/2010

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