2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
05 APR 28 AM 10:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L99000001565

1. Entity Name
WEST BROWARD IPA, L.L.C.

Principal Place of Business
205
4850 WEST OAKLAND PARK BLVD.,SUITE ~~215~~
LAUDERDALE LAKES, FL 33313

Mailing Address
205
4850 WEST OAKLAND PARK BLVD.,SUITE ~~215~~
LAUDERDALE LAKES, FL 33313

BK

04072005 No Chg-LLC CR2E083 (10/03)

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4. FEI Number
65-0908530
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

HART, BRIAN A
2333 PONCE DE LEON BOULEVARD
SUITE 303
CORAL GABLES, FL 33134-0000

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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
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2005

SD0052629315

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	FLORIDA INSTITUTE OF HEALTH, LTD., L.L.L.P
STREET ADDRESS	4850 WEST OAKLAND PARK BLVD.,SUITE 215
CITY-ST-ZIP	LAUDERDALE LAKES, FL 33313
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: By Florida Institute of Health, Ltd., L.L.L.P. 4/26/05
Joel Frankel, M.D. 954-486-1250
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

Joel Frankel, M.D., Pres
for Joel Frankel, M.D.,
Pulmonary Associates PA
for Florida Institute of Health

CORPORATION SERVICE COMPANY

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ACCOUNT NO. : 072100000032

REFERENCE : 341668 7459598

AUTHORIZATION : Patricia Pizzuto

COST LIMIT : $ 50.00

ORDER DATE : April 28, 2005

ORDER TIME : 10:10 AM

ORDER NO. : 341668-015

CUSTOMER NO: 7459598

CUSTOMER: Brian A. Hart, Esq.
The Hart Law Firm, A
Suite 303
2333 Ponce De Leon Blvd.
Coral Gables, FL 33134

DK

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TALLAHASSEE, FLORIDA

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NAME: WEST BROWARD IPA, L.L.C.

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Heather Chapman-EXT#2908

EXAMINER'S INITIALS: _____