2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 03, 2007
Secretary of State

DOCUMENT# L99000001565

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

Current Principal Place of Business:

4850 WEST OAKLAND PARK BLVD.,SUITE 205
LAUDERDALE LAKES, FL 33313

New Principal Place of Business:

Current Mailing Address:

4850 WEST OAKLAND PARK BLVD.,SUITE 205
LAUDERDALE LAKES, FL 33313

New Mailing Address:

FEI Number: 65-0908530 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

HART, BRIAN A
2333 PONCE DE LEON BOULEVARD
SUITE 303
CORAL GABLES, FL 331340000 US

Name and Address of New Registered Agent:

HART, BRIAN A
255 ALHAMBRA CIRCLE
SUITE 850
CORAL GABLES, FL 33134 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: _____ 05/03/2007
Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: FLORIDA INSTITUTE OF, HEALTH, LTD., L.L.L.P
Address: 4850 WEST OAKLAND PARK BLVD.,SUITE 215
City-St-Zip: LAUDERDALE LAKES, FL 33313

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: JOEL FRANKEL, M.D. P 05/03/2007
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date