

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000001565

FILED
Apr 20, 2009
Secretary of State

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:

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

FEI Number: 65-0908530

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HART, BRIAN A
255 ALHAMBRA CIRCLE
SUITE 850
CORAL GABLES, FL 33134 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:

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: AVA ZAKEN

ADMI

04/20/2009

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