2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 05, 2011
Secretary of State

DOCUMENT# L99000001565

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

Current Principal Place of Business:

1117 E. HALLANDALE BEACH BOULEVARD
HALLANDALE BEACH, FL 33009

New Principal Place of Business:

Current Mailing Address:

1117 E. HALLANDALE BEACH BOULEVARD
HALLANDALE BEACH, FL 33009

New Mailing Address:

FEI Number: 65-0908530 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SADAKA, ESQ., NICHOLAS G.
8551 W. SUNRISE BOULEVARD
SUITE 102
PLANTATION, FL 33322 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: MGR
Name: FERNANDEZ-BRAVO, M.D, ALBERTO
Address: 201 NW 82ND AVENUE
City-St-Zip: PLANTATION, FL 33324

Title: MGR
Name: FRANKEL, M.D., JOEL
Address: 2951 NW 49TH AVENUE #202
City-St-Zip: FT. LAUDERDALE, FL 33313

Title: MGR
Name: HERSCH, M.D., PAUL
Address: 4959 N. STATE ROAD 7, SUITE C
City-St-Zip: TAMARAC, FL 33319

Title: MGR
Name: MABOURAKH, M.D., SHARAD
Address: 6463 W. COMMERCIAL BOULEVARD
City-St-Zip: TAMARAC, FL 33319

Title: MGR
Name: WAKED, M.D., GEORGE
Address: 7421 NORTH UNIVERSITY DRIVE, SUITE 214
City-St-Zip: TAMARAC, FL 33321

Title: MGR
Name: MASCARENHAS, M.D., EUGENE
Address: 8393 W. OAKLAND PARK BOULEVARD
City-St-Zip: SUNRISE, FL 33351

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 Statues.

SIGNATURE: ALBERTO FERNANDEZ-BRAVO MGR 01/05/2011

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