

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000001565

FILED  
Feb 08, 2012  
Secretary of State

**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 Statutes.

**SIGNATURE:** GEORGE WAKED

MGR

02/08/2012

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