

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N17014

FILED
Feb 17, 2010
Secretary of State

Entity Name: BROWARD AMBULATORY CENTER, INC.

Current Principal Place of Business:

3501 JOHNSON STREET
HOLLYWOOD, FL 33021

New Principal Place of Business:

Current Mailing Address:

3329 JOHNSON STREET
HOLLYWOOD, FL 33021

New Mailing Address:

FEI Number: 59-2788312

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BARBER, GARY S
3329 JOHNSON STREET
HOLLYWOOD, FL 33021 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

OFFICERS AND DIRECTORS:

Title: PD
Name: SACCO, FRANK V
Address: 3501 JOHNSON STREET
City-St-Zip: HOLLYWOOD, FL 33021

Title: D
Name: KRAYE, ANTHONY C
Address: 3501 JOHNSON STREET
City-St-Zip: HOLLYWOOD, FL 33021

Title: D
Name: BARBER, GARY S
Address: 3501 JOHNSON STREET
City-St-Zip: HOLLYWOOD, FL 33021

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: GARY S. BARBER

D/RA

02/17/2010

Electronic Signature of Signing Officer or Director

Date