2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2011
Secretary of State

DOCUMENT# N17014

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: KRAYER, 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 02/23/2011
Electronic Signature of Signing Officer or Director Date