2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2007
Secretary of State

DOCUMENT# N47200

Entity Name: BROWARD COUNTY OSTEOPATHIC MEDICAL ASSOCIATION, INC.

Current Principal Place of Business:

P.O. BOX 2294
HOLLYWOOD, FL 33020

New Principal Place of Business:

1451 N. 12 CT. (OFFICE)
9-A
HOLLYWOOD, FL 33022 US

Current Mailing Address:

P.O. BOX 2294
HOLLYWOOD, FL 33020

New Mailing Address:

P.O. BOX 2294
HOLLYWOOD, FL 33022 US

FEI Number: 65-0336646 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JONES, H. EDWARD
3230 W COMMERCIAL BLVD
STE 150
FT. LAUDERDALE, FL 33309 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: P ( ) Delete
Name: CIMERBERG, STEVEN DO
Address: 10063 CLEARY BLVD
City-St-Zip: FORT LAUDERDALE, FL 33324 US

Title: VP (X) Delete
Name: MARTIN, RONNIE DO
Address: 3200 UNIVERSITY DR
City-St-Zip: FORT LAUDERDALE, FL 33328 US

Title: SEC ( ) Delete
Name: LUNA, JORGE DO
Address: 4801 S UNIVERSITY DR 113
City-St-Zip: FORT LAUDERDALE, FL 33324

Title: T ( ) Delete
Name: JOHNSON, KENNETH DO
Address: 3200 S UNIVERSITY DR
City-St-Zip: FORT LAUDERDALE, FL 33328 US

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change ( ) Addition
Name: LUNA, JORGE DO
Address: 4801 S UNIVERSITY DR 113
City-St-Zip: FORT LAUDERDALE, FL 33324

Title: T (X) Change ( ) Addition
Name: JOHNSON, KENNETH DO
Address: 3200 S. UNIVERSITY DR
City-St-Zip: FORT LAUDERDALE, FL 33328 US

Title: SEC ( ) Change (X) Addition
Name: JOSEPH, DEGAETANO D.O.
Address: 3200 S. UNIVERSITY DR.
City-St-Zip: FT. LAUDERDALE, FL 33028 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: STEVEN CIMERBERG, D.O. P 01/29/2007

Electronic Signature of Signing Officer or Director — Date