

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000017454

FILED
Jul 08, 2004
Secretary of State

Entity Name: BROWARD RESEARCH GROUP, INC.

Current Principal Place of Business:

12251 TAFT STREET, SUITE 300
PEMBROKE PINES, FL 33026

New Principal Place of Business:

12251 TAFT STREET, SUITE 301
PEMBROKE PINES, FL 33026

Current Mailing Address:

12251 TAFT STREET, SUITE 300
PEMBROKE PINES, FL 33026

New Mailing Address:

12251 TAFT STREET, SUITE 301
PEMBROKE PINES, FL 33026

FEI Number: 65-1091903

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KUKOFF, IAN J ESQ.
25 S.E. 2ND AVENUE
SUITE 730
MIAMI, FL 33131 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: SCHWARTZ, HOWARD M.D.
Address: 7500 S.W. 87TH AVENUE, SUITE 202
City-St-Zip: MIAMI, FL 33173

Title: D () Delete
Name: SHADER, ROBERT M.D.
Address: 7500 S.W. 87TH AVENUE, SUITE 202
City-St-Zip: MIAMI, FL 33173

Title: D () Delete
Name: SHELDON, ERIC M.D.
Address: 7500 S.W. 87TH AVENUE, SUITE 202
City-St-Zip: MIAMI, FL 33173

Title: D () Delete
Name: SEIDEN, DAVID M.D.
Address: 7500 S.W. 87TH AVENUE, SUITE 202
City-St-Zip: MIAMI, FL 33173

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SEIDEN

DR

07/08/2004

Electronic Signature of Signing Officer or Director

Date