2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2008 8:00 am
Secretary of State

01-29-2008 90021 033 ***158.75

DOCUMENT # P01000017454

1. Entity Name
BROWARD RESEARCH GROUP, INC.

Principal Place of Business	Mailing Address
12251 TAFT STREET, SUITE 301 PEMBROKE PINES, FL 33026	12251 TAFT STREET, SUITE 301 PEMBROKE PINES, FL 33026

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01182008 Chg-P CR2E034 (12/06)

4. FEI Number 65-1091903 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
KUKOFF, IAN J ESQ. 25 S.E. 2ND AVENUE SUITE 730 MIAMI, FL 33131	Name Street Address (P.O. Box Number is Not Acceptable) City — FL — Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D ☐ Delete	TITLE	☑ Change ☐ Addition
NAME	SCHWARTZ, HOWARD M.D.	NAME	6141 Sunset Drive Suite 301
STREET ADDRESS	7500 S.W. 87TH AVENUE, SUITE 202	STREET ADDRESS	South Miami, Fl 33143
CITY-ST-ZIP	MIAMI, FL 33173	CITY-ST-ZIP	
TITLE	D ☐ Delete	TITLE	☑ Change ☐ Addition
NAME	SHADER, ROBERT M.D.	NAME	6141 Sunset Drive Suite 301
STREET ADDRESS	7500 S.W. 87TH AVENUE, SUITE 202	STREET ADDRESS	South Miami, Fl 33143
CITY-ST-ZIP	MIAMI, FL 33173	CITY-ST-ZIP	
TITLE	D ☐ Delete	TITLE	☑ Change ☐ Addition
NAME	SHELDON, ERIC M.D.	NAME	6141 Sunset Drive Suite 301
STREET ADDRESS	7500 S.W. 87TH AVENUE, SUITE 202	STREET ADDRESS	South Miami, Fl 33143
CITY-ST-ZIP	MIAMI, FL 33173	CITY-ST-ZIP	
TITLE	D ☐ Delete	TITLE	☑ Change ☐ Addition
NAME	SEIDEN, DAVID M.D.	NAME	6141 Sunset Drive Suite 301
STREET ADDRESS	7500 S.W. 87TH AVENUE, SUITE 202	STREET ADDRESS	South Miami, Fl 33143
CITY-ST-ZIP	MIAMI, FL 33173	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 1/18/08 305 5583125
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #