

2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P01000055597

FILED
Jan 18, 2006
Secretary of State**Entity Name:** BROWARD MEDICAL & URGENT CARE, INC.**Current Principal Place of Business:**500 SE 17TH ST.
100
FT LAUDERDALE, FL 33301**New Principal Place of Business:****Current Mailing Address:**500 SE 17TH ST.
100
FT LAUDERDALE, FL 33301**New Mailing Address:****FEI Number:** 65-1135943 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()****Name and Address of Current Registered Agent:**ASHLING M. ROCHE, P.A.
2500 N FEDERAL HWY, STE 13
FT LAUDERDALE, FL 33305 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 () Delete
Name: ROCHE, MARTIN MD
Address: 345 NORTH ATLANTIC BLVD.
City-St-Zip: FT. LAUDERDALE, FL 33304**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARTIN ROCHE

PD

01/18/2006

Electronic Signature of Signing Officer or Director_____
Date