2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2007
Secretary of State

DOCUMENT# P01000055597

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:

500 SE 17TH ST.
100
FT LAUDERDALE, FL 33316

Current Mailing Address:

500 SE 17TH ST.
100
FT LAUDERDALE, FL 33301

New Mailing Address:

500 SE 17TH ST.
100
FT LAUDERDALE, FL 33316

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

Election Campaign Financing Trust Fund Contribution ( ).

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 M .ROCHE PD 02/05/2007

Electronic Signature of Signing Officer or Director Date