2004 FOR PROFIT CORPORATION ANNUAL REPORT

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Mar 22, 2004 8:00 am
Secretary of State
03-09-2004 90033 022 ***150.00

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01082004 Chg-P CR2E034 (10/03)

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1. Entity Name
HEALTH CARE PROVIDERS OF BROWARD, INC.

Principal Place of Business	Mailing Address
C/O SPENCER AND KLEIN, P.A. SUITE 1901, 801 BRICKELL AVENUE MIAMI, FL 33131	C/O SPENCER AND KLEIN, P.A. SUITE 1901, 801 BRICKELL AVENUE MIAMI, FL 33131

2. Principal Place of Business	3. Mailing Address
3191 Coral Way	3191 Coral Way
Suite, Apt. #, etc.: Suite 303	Suite, Apt. #, etc.: Suite 303
City & State: Miami, FL	City & State: Miami, FL
Zip: 33145 Country: USA	Zip: 33145 Country: USA

4. FEI Number: 56-2314102 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

KLEIN, BRENT D
801 BRICKELL AVENUE, SUITE 1901
MIAMI, FL 33131

7. Name and Address of New Registered Agent

Name: Brent D. Klein
Street Address (P.O. Box Number is Not Acceptable): Two Alhambra Plaza
Penthouse II B
City: Coral Gables FL Zip Code: 33134

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: Brent D. Klein [signature] January 9, 2004
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, 2004 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 NAME STREET ADDRESS CITY-ST-ZIP	D KLEIN, BRENT D 801 BRICKELL AVENUE SUITE 1901 MIAMI, FL 33131	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD Jose Armas 3191 Coral Way Miami, FL 33145	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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: Jose Armas [signature] 305-461-6060
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #