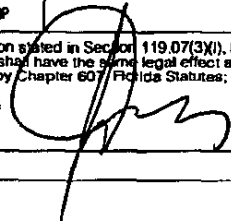


FILED
Mar 22, 2004 8:00 am
Secretary of State

03-09-2004 90033 022 ***150.00

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P03000006203			
1. Entity Name HEALTH CARE PROVIDERS OF BROWARD, INC.			
Principal Place of Business C/O SPENCER AND KLEIN, P.A. SUITE 1901, 801 BRICKELL AVENUE MIAMI, FL 33131		Mailing Address C/O SPENCER AND KLEIN, P.A. SUITE 1901, 801 BRICKELL AVENUE MIAMI, FL 33131	
2. Principal Place of Business 3191 Coral Way Suite, Apt. #, etc. Suite 303 City & State Miami, FL Zip 33145 Country USA		3. Mailing Address 3191 Coral Way Suite, Apt. #, etc. Suite 303 City & State Miami, FL 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 <u>Brent D. Klein</u>  DATE <u>January 9, 2004</u> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)			
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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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: <u>Jose Armas</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		 305-461-6060 Date Daytime Phone #	