

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000067424

FILED
Jan 04, 2008
Secretary of State

Entity Name: BROWARD INTERNAL MEDICINE, P.A.

Current Principal Place of Business:

809 E. BROWARD BLVD.
FORT LAUDERDALE, FL 33301

New Principal Place of Business:

8890 W OAKLAND PARK BLVD STE 203
SUNRISE, FL 33351

Current Mailing Address:

809 E. BROWARD BLVD.
FORT LAUDERDALE, FL 33301

New Mailing Address:

8890 W OAKLAND PARK BLVD STE 203
SUNRISE, FL 33351

FEI Number: 20-1049758

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHEY, ADA
1121 NW 141 AVE
PEMBROKE PINES, FL 33028 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: D () Delete
Name: LI, SOLING
Address: 809 E. BROWARD BLVD.
City-St-Zip: FORT LAUDERDALE, FL 33301

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DIR (X) Change () Addition
Name: LI, SOLING
Address: 8890 W OAKLAND PARK BLVD STE 203
City-St-Zip: SUNRISE, FL 33351

I hereby certify that the information supplied with this filing does not qualify 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: SOLING LI

Electronic Signature of Signing Officer or Director

DIR

01/04/2008

Date