

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 20, 2007 8:00 am
Secretary of State

02-20-2007 90059 026 ***150.00

DOCUMENT # P04000083982	
1. Entity Name BROWNE MEDICAL ARTS & SERVICES	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business BMA-S	3. Mailing Address 7502 N.W. 23RD STREET
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State PEMBROKE PINES, FL.	City & State PEMBROKE PINES, FL.
Zip 33024-1035	Zip 33024-1035
Country USA	Country USA.

4. FEI Number 56-2460649	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE	
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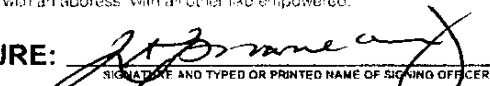
7. Name and Address of Current Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	Zip Code

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 	DATE 2/13/07

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT ROGER A. BROWNE, M.D. 7502 N.W. 23RD ST PEMBROKE PINES, FL. 33024.	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 on an attachment with an address with all other LEO empowered.	
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SIGNATURE: 	DATE 2/13/07	IDENTIFICATION # 9542589738
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		

CR2E034B (12/02)