2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000142046

11993 SW 47TH STREET

COOPER CITY, FL 33330

Address:

City-St-Zip:

Entity Name: PHYSICIAN ASSOCIATES OF BROWARD, INC.

FILED Apr 22, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 10000 STIRLING RD STE 12 COOPER CITY, FL 33024 **New Mailing Address: Current Mailing Address:** 10000 STIRLING RD STE 12 COOPER CITY, FL 33024 FEI Number: 05-0613565 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: PAUL SALVER, PA 2721 EXECUTIVE PARK DRIVE, #3 WESTON, FL 33331 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: **PVST** () Delete Title: () Change () Addition MORA, SALVADOR Name: Name: 11993 SW 47TH STREET Address: Address: City-St-Zip: COOPER CITY, FL 33330 City-St-Zip: Title: Title: (X) Change () Addition () Delete Name: MORA. SALVADOR Name: MORA, SALVADOR

Address:

City-St-Zip:

11993 SW 47TH STREET

COOPER CITY, FL 33330

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: SALVADOR E. MORA DR. 04/22/2008