

2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P05000086877

FILED
Jun 08, 2006
Secretary of State

Entity Name: PHYSICIAN CENTER OF BROWARD, INC.

Current Principal Place of Business:

1207 GARFIELD ST.
HOLLYWOOD, FL 33021

New Principal Place of Business:

297 S.W. 27 AVENUE
MIAMI, FL 33135

Current Mailing Address:

1207 GARFIELD ST.
HOLLYWOOD, FL 33021

New Mailing Address:

297 S.W. 27 AVENUE
MIAMI, FL 33135

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CUSA, ALFREDO
9701 FOUNTAINBLEU BLVD.
MIAMI, FL 33172 US

Name and Address of New Registered Agent:

VELIZ, ANA M
815 PONCE DE LEON BOULEVARD
315
CORAL GABLES, FL 33134 US

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: ANA M. VELIZ

06/08/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PSTD () Delete
Name: CUSA, ALFREDO
Address: 9701 FOUNTAINBLEU BLVD.
City-St-Zip: MIAMI, FL 33172

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change () Addition
Name: DE LAMAR, LUIS
Address: 297 S.W. 27 AVENUE
City-St-Zip: MIAMI, FL 33135

I hereby certify that the information supplied with this filing does not qualify for the 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: LUIS DE LAMAR

P

06/08/2006

Electronic Signature of Signing Officer or Director

Date