

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000155025

FILED  
Jan 05, 2009  
Secretary of State

Entity Name: THE FAMILY HEALTH CENTER OF BROWARD INC

## Current Principal Place of Business:

5920 JOHNSON ST  
SUITE 104  
HOLLYWOOD, FL 33021

## New Principal Place of Business:

## Current Mailing Address:

5920 JOHNSON ST SUITE 104  
HOLLYWOOD, FL 33021

## New Mailing Address:

5920 JOHNSON ST  
SUITE 104  
HOLLYWOOD, FL 33021

FEI Number: 20-4045097

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MEJIA, NELLY  
5920 JOHNSON ST SUITE 104  
HOLLYWOOD, FL 33021 US

## Name and Address of New Registered Agent:

MEHLER, ROBERT  
5920 JOHNSON ST SUITE 104  
HOLLYWOOD, FL 33021 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: ROBERT MEHLER

01/05/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: MD ( ) Delete  
Name: MEJIA, JAIME H  
Address: 5920 JOHNSON ST SUITE 104  
City-St-Zip: HOLLYWOOD, FL 33021

Title: MD ( ) Delete  
Name: MEJIA, NELLY  
Address: 5920 JOHNSON ST. SUITE 104  
City-St-Zip: HOLLYWOOD, FL 33021

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: MEJIA, JAIME H  
Address: 5920 JOHNSON ST SUITE 104  
City-St-Zip: HOLLYWOOD, FL 33021

Title: VP (X) Change ( ) Addition  
Name: NOA, NAYIBE  
Address: 300 BAYVIEW DR # 1506  
City-St-Zip: SUNNY ISLES, FL 33160

Title: SEC ( ) Change (X) Addition  
Name: MEHLER, ROBERT  
Address: 500 BAYVIEW DR # 1030  
City-St-Zip: SUNNY ISLES, FL 33160

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: ROBERT MEHLER

SEC

01/05/2009

Electronic Signature of Signing Officer or Director

Date