

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P05000155025

FILED
Jan 30, 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:****FEI Number:** 20-4045097**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**MEHLER, ROBERT
5920 JOHNSON ST SUITE 104
HOLLYWOOD, FL 33021 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

OFFICERS AND DIRECTORS:**Title:** P () Delete
Name: MEJIA, JAIME H
Address: 5920 JOHNSON ST SUITE 104
City-St-Zip: HOLLYWOOD, FL 33021**Title:** VP () Delete
Name: NOA, NAYIBE
Address: 300 BAYVIEW DR # 1506
City-St-Zip: SUNNY ISLES, FL 33160**Title:** SEC () Delete
Name: MEHLER, ROBERT
Address: 500 BAYVIEW DR # 1030
City-St-Zip: SUNNY ISLES, FL 33160**Title:** () Delete
Name:
Address:
City-St-Zip:**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** SEC (X) Change () Addition
Name: NOA, NAYIBE
Address: 300 BAYVIEW DR # 1506
City-St-Zip: SUNNY ISLES, FL 33160**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** VP () Change (X) Addition
Name: MEJIA, NELLY
Address: 5920 JOHNSON ST SUITE 104
City-St-Zip: HOLLYWOOD, FL 33021

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: NAYIBE NOA

SEC

01/30/2009

Electronic Signature of Signing Officer or Director

Date