2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2007
Secretary of State

DOCUMENT# P06000065033

Entity Name: BROWARD SURGICAL CENTER INC

Current Principal Place of Business:

10041 PINES BLVD STE C
PEMBROKE PINES, FL 33024

New Principal Place of Business:

Current Mailing Address:

10041 PINES BLVD STE C
PEMBROKE PINES, FL 33024

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LABADOR, ARMANDO
10041 PINES BLVD STE C
PEMBROKE PINES, FL 33024 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: LABRADOR, ISMAEL
Address: 10041 PINES BLVD STE C
City-St-Zip: PEMBROKE PINES, FL 33024

Title: DVP ( ) Delete
Name: LABRADOR, ARMANDO
Address: 10041 PINES BLVD STE C
City-St-Zip: PEMBROKE PINES, FL 33024

Title: DS ( ) Delete
Name: LABRADOR, WILLIAM
Address: 10041 PINES BLVD STE C
City-St-Zip: PEMBROKE PINES, FL 33024

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition
Name: LABRADOR, ISMAEL
Address: 13985 SW 20 ST
City-St-Zip: MIAMI, FL 33175

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: ISMAEL LABRADOR DP 02/25/2007
Electronic Signature of Signing Officer or Director Date