


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 20, 2007 8:00 am**  
**Secretary of State**

08-20-2007 90056 027 \*\*\*150.00

<b>DOCUMENT # P06000091136</b> 1. Entity Name <b>PRIMARY CARE PHYSICIANS OF WEST BROWARD, P.A.</b>					
Principal Place of Business <b>601 N FLAMINGO RD STE 305 PEMBROKE PINES, FL 33028</b>			Mailing Address <b>601 N FLAMINGO RD STE 305 PEMBROKE PINES, FL 33028</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State  Zip      Country		City & State  Zip      Country		4. FEI Number <b>20-5181378</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For Not Applicable	
<b>6. Name and Address of Current Registered Agent</b>  <b>SALVER, PAUL 2721 EXECUTIVE PK DR WESTON, FL 33331</b>			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
8. 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. I am familiar with, and accept the obligations of registered agent.  SIGNATURE _____ (Signature, typed or printed name of registered agent and role if applicable) (NOTE: Registered Agent signature required when changing) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007</b>		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete <b>MEZERHANE, MIGUEL</b> <b>601 N FLAMINGO RD STE 305</b> <b>PEMBROKE PINES, FL 33028</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete <b>ISSA, MOISES</b> <b>601 N FLAMINGO RD STE 305</b> <b>PEMBROKE PINES, FL 33028</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other the empowered					
<b>SIGNATURE:</b> _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			<b>8/15/07</b> <b>954-983-9191</b> Date      Daytime Phone #		