2007 FOR PROFIT CORPORATION ANNUAL REPORT



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

DOCUMENT # P06000091136 1. Entity Name PRIMARY CARE PHYSICIANS OF WEST BROWARD, P.A.						08-20-2007 90	0036 02/ ****	150.00
Principal Place of Business 601 N FLAMINGO RD STE 305 PEMBROKE PINES, FL 33028		Mailing Address 601 N FLAMINGO RD STE 305 PEMBROKE PINES, FL 33028		u,	J & ** ~			
Principal Place of Business - No P.O. Box #		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc		08152007	Chg-P	CR2E034 (12	/06)	
City & State		City & State			4. FEI Numb			Applied For Not Applicable
Zip	Country	Zip	Coui	intry	5. Certificate	of Status Desired		5 Additional equired
	6. Name and Address of Current	Registered Agent			7. Name and	Address of New R	egistered Agent	
CALVED	DALII			Name				
SALVER, PAUL 2721 EXECUTIVE PK DR WESTON, FL 33331			Street Address (P.O. Box Number is Not Acceptable)					
				City	<u>-</u>		FL Zi	Code
	named entity submits this statement follows of registered agent.	or the purpose of changing	its registe	ered office or re	egistered agent, or bo	th, in the State of Fig	orida I am familiai	with, and accept
SIGNATURE.					···	····		
<u> </u>	Signature, typed or primed name of registered agent	called talk is appropried to	NOTE Register	red Again signalure:	midding specific rand)		DATE	
FII	EP NOWIII FEE IS \$150.00 ue by September 14, 2007	9. Election Carr Trust Fund C	npaigh Éina	encing	\$5.00 May Be Added to Fees	In accordance v corporation did	with s. 607.193(2	
FII	LE NOWIH FEE IS \$150.00	9. Election Carr Trust Fund C	npaigh Éina	aricing	\$5.00 May Be Added to Fees		with s. 607.193(2 not receive the p	orior notice.
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12. I hereby certify that the information supplied with this fining 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 it made under oath, that I am an officer or director of the corporation of the receiver or tristee 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 like empowered.

SIGNATURE: _