

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P06000091136

FILED
Sep 30, 2009
Secretary of State

Entity Name: PRIMARY CARE PHYSICIANS OF WEST BROWARD, P.A.

Current Principal Place of Business:

601 N FLAMINGO RD STE 305
PEMBROKE PINES, FL 33028

New Principal Place of Business:

Current Mailing Address:

601 N FLAMINGO RD STE 305
PEMBROKE PINES, FL 33028

New Mailing Address:

FEI Number: 20-5181378

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SALVER, PAUL
2721 EXECUTIVE PK DR
WESTON, FL 33331 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: PAUL SALVER

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ()

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MEZERHANE, MIGUEL
Address: 601 N FLAMINGO RD STE 305
City-St-Zip: PEMBROKE PINES, FL 33028

Title: D () Delete
Name: ISSA, MOISES
Address: 601 N FLAMINGO RD STE 305
City-St-Zip: PEMBROKE PINES, FL 33028

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: FERNANDEZ-BLAY, ROBERTO C
Address: 601 N FLAMINGO RD STE 305
City-St-Zip: PEMBROKE PINES, FL 33028

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

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: MOISES ISSA, MD

D

09/30/2009

Electronic Signature of Signing Officer or Director

Date