2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000098731

Entity Name: MIDLAND MEDICAL - BROWARD, INC.

FILED May 20, 2009 Secretary of State

Current Principal Place of Business:					New Principal Place of Business:			
2817 EAS ⁻ SUITE 302	T OAKLAND PA	ARK BOL	JLEVARD		1421 EAST SUITE 101	OAKLAND F	PARK BOU	LEVARD
	JDERDALE, FL	33306	US			IDERDALE, F	FL 33334	US
Current Mailing Address:					New Mailing Address:			
2817 EAST OAKLAND PARK BOULEVARD					1421 EAST OAKLAND PARK BOULEVARD			
SUITE 302 FORT LAU	JDERDALE, FL	33306	US		SUITE 101 FORT LAU	IDERDALE, F	FL 33334	US
FEI Number:	: 20-5339344	FEI Num	ber Applied For()	FEI Nur	nber Not Appl	icable ()	Certificate	of Status Desired (X)
Name and	Address of C	urrent R	egistered Agent:		Name and	Address of	New Regis	stered Agent:
SUITE 208 MIAMI, FL	CAYNE BOULE 33161 US							
	named entity s e of Florida.	ubmits th	nis statement for the p	urpose c	of changing in	ts registered	office or re	gistered agent, or both,
SIGNATU	RE:							
Electronic Signature of Registered Agent					Date			
			., the corporation did no nd Contribution ().	t receive t	he prior notic	e.		
OFFICERS AND DIRECTORS:					ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS			
Title: Name: Address: City-St-Zip:	PD () NELSON, BOB 2701-C E. OAK FT. LAUDERDA				Title: Name: Address: City-St-Zip:	PD (X NELSON, BOE 1421 E. OAKI FT. LAUDERD	LAND PK BLV	/D
Title: Name: Address: City-St-Zip:	S () RUSSELL, SHE 2817 EAST OAK FORT LAUDERI	CLAND PAF			Title: Name: Address: City-St-Zip:	RUSSELL, SH	AKLAND PAR	K BOULEVARD
Title: Name: Address: City-St-Zip:	D () NEWMAN, DAVI 2470 TRAPP AV MIAMI, FL 3313	'ENUE			Title: Name: Address: City-St-Zip:	() Change() Addition
Title: Name: Address: City-St-Zip:	D () SCHRIER, PAUI 11098 BISCAYN MIAMI, FL 3313	IE BLVE			Title: Name: Address: City-St-Zip:	() Change() Addition
Title: Name: Address: City-St-Zip:	D () BEHAR, MAURIO 2817 EAST OAI FT. LAUDERDAI	KLAND PA			Title: Name: Address: City-St-Zip:	D () BEHAR, MAUF 1421 E. OAKL FT. LAUDERD	AND PARK B	LVD

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: BOB NELSON PRES 05/20/2009