

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P08000066961

FILED
Oct 14, 2009
Secretary of State

Entity Name: BROWARD MEDICAL ASSOCIATES OF SOUTH FLORIDA, INC.

Current Principal Place of Business:

8981 PALM TREE LANE
PEMBROKE PINES, FL 33024

New Principal Place of Business:

180 SW 84TH AVENUE
SUITE B
PLANTATION, FL 33324

Current Mailing Address:

8981 PALM TREE LANE
PEMBROKE PINES, FL 33024

New Mailing Address:

180 SW 84TH AVENUE
SUITE B
PLANTATION, FL 33324

FEI Number: 26-2985139

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

OSBORNE, CHRISTOPHER
8981 PALM TREE LANE
PEMBROKE PINES, FL 33024 US

Name and Address of New Registered Agent:

OSBORNE, CHRISTOPHER
180 SW 84TH AVENUE
B
PLANTATION, FL 33324 US

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: CHRISTOPHER OSBORNE

10/14/2009

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: P () Delete
Name: OSBORNE, CHRISTOPHER
Address: 8981 PALM TREE LANE
City-St-Zip: PEMBROKE PINES, FL 33024

Title: VP () Delete
Name: ISAZA, ILDA
Address: 8981 PALM TREE LANE
City-St-Zip: PEMBROKE PINES, FL 33024

Title: S () Delete
Name: CASAS, MAITE
Address: 8981 PALM TREE LANE
City-St-Zip: PEMBROKE PINES, FL 33024

Title: T () Delete
Name: LABARGA, KAREN A
Address: 8981 PALM TREE LANE
City-St-Zip: PEMBROKE PINES, FL 33024

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: OSBORNE, CHRISTOPHER
Address: 180 SW 84TH AVENUE, #B
City-St-Zip: PLANTATION, FL 33324

Title: VP (X) Change () Addition
Name: ISAZA, ILDA
Address: 180 SW 84TH AVENUE, #B
City-St-Zip: PLANTATION, FL 33324

Title: S (X) Change () Addition
Name: CASAS, MAITE
Address: 180 SW 84TH AVENUE, #B
City-St-Zip: PLANTATION, FL 33324

Title: T (X) Change () Addition
Name: LABARGA, KAREN A
Address: 180 SW 84TH AVENUE, #B
City-St-Zip: PLANTATION, FL 33324

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: CHRISTOPHER OSBORNE

P

10/14/2009

Electronic Signature of Signing Officer or Director

Date