2010 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2010
Secretary of State

DOCUMENT# P08000066961

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

Current Principal Place of Business:

180 SW 84TH AVENUE
SUITE B
PLANTATION, FL 33324

New Principal Place of Business:

Current Mailing Address:

180 SW 84TH AVENUE
SUITE B
PLANTATION, FL 33324

New Mailing Address:

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
180 SW 84TH AVENUE
B
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

OSBORNE, CHRISTOPHER
3706 NW 88 TERRACE
COOPER CITY, FL 33024 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 04/20/2010
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P
Name: OSBORNE, CHRISTOPHER
Address: 3706 NW 88TH TERRACE
City-St-Zip: COOPER CITY, FL 33024

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

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

I hereby 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 all other like empowered.

SIGNATURE: CHRISTOPHER OSBORNE P 04/20/2010
Electronic Signature of Signing Officer or Director Date