

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000053212

FILED
Mar 29, 2004
Secretary of State

Entity Name: THE FAMILY DOCTORS OF BROWARD, P.A.

Current Principal Place of Business:

601 N FLAMINGO ROAD
SUITE 304
PEMBROKE PINES, FL 33028

New Principal Place of Business:

Current Mailing Address:

601 N FLAMINGO ROAD
SUITE 304
PEMBROKE PINES, FL 33028

New Mailing Address:

FEI Number: 65-0599374

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

JAFFER, MOHSIN
2700 WALKERS WAY
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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: JAFFER, MOHSIN
Address: 2700 WALKERS WAY
City-St-Zip: FT LAUDERDALE, FL 33331

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DR (X) Change () Addition
Name: JAFFER, MOHSIN
Address: 2700 WALKERS WAY
City-St-Zip: FT LAUDERDALE, FL 33331

Title: MRS () Change (X) Addition
Name: JAFFER, FAUZIA M
Address: 2700 WALKERS WAY
City-St-Zip: WESTON, FL 33331

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: FAUZIA JAFFER

MRS

03/29/2004

Electronic Signature of Signing Officer or Director

Date