2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2005
Secretary of State

DOCUMENT# P95000053212

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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. 02/07/2005

Electronic Signature of Signing Officer or Director — Date