

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000053397

FILED
Apr 20, 2007
Secretary of State

Entity Name: ID ASSOCIATES OF BROWARD, P.A.

Current Principal Place of Business:

7421 N. UNIVERSITY DRIVE
SUITE 212
FORT LAUDERDALE, FL 33321

New Principal Place of Business:

Current Mailing Address:

7421 N UNIVERSITY DRIVE
SUITE 212
FORT LAUDERDALE, FL 33321

New Mailing Address:

FEI Number: 65-0589189 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

OSINSKI, VAL L
9836 W SAMPLE ROAD
CORAL SPRINGS, FL 33065 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: MD () Delete
Name: RAMIREZ, RAMON
Address: 7112 NW 68TH DRIVE
City-St-Zip: POMPANO BEACH, FL 33067

Title: MD () Delete
Name: SEBASTIAN, THOMAS
Address: 7421 N UNIVERSITY DR, STE 212
City-St-Zip: FORT LAUDERDALE, FL 33321

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 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: RAMON RAMIREZ

MGRM

04/20/2007

Electronic Signature of Signing Officer or Director

_____ Date