

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000053397

FILED  
Apr 14, 2010  
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  
**Name:** RAMIREZ, RAMON  
**Address:** 2001 OCEAN BOULEVARD, APART. 505S  
**City-St-Zip:** FORT LAUDERDALE, FL 33305

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

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: RAMON RAMIREZ

MD

04/14/2010

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date