

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000081932

FILED
Jul 09, 2008
Secretary of State

Entity Name: WEST BROWARD RHEUMATOLOGY ASSOCIATES, INC.

Current Principal Place of Business:

7431 N UNIVERSITY DR
STE 300
TAMARAC, FL 33321 US

New Principal Place of Business:

Current Mailing Address:

7431 N UNIVERSITY DR
STE 300
TAMARAC, FL 33321 US

New Mailing Address:

FEI Number: 65-0615014 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

KIMMEL, STEVEN C
7431 N. UNIVERSITY DR.
STE 300
TAMARAC, FL 33321 US

Name and Address of New Registered Agent:

KIMMEL, STEVEN C M.D.
7431 N. UNIVERSITY DR.
STE 300
TAMARAC, FL 33321 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: STEVEN C KIMMEL, M.D.

07/09/2008

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPST () Delete
Name: KIMMEL, STEVEN C M.D.
Address: 7431 N UNIVERSITY DR 300
City-St-Zip: TAMARAC, FL 33321 US

Title: DVPT () Delete
Name: STONE, KEVIN M.D.
Address: 7431 N UNIVERSITY DR #300
City-St-Zip: TAMARAC, FL 33321 US

Title: AS () Delete
Name: HALPERT, ELIAS M.D.
Address: 7431 N. UNIVERSITY DRIVE, #300
City-St-Zip: TAMARAC, FL 33321 US

Title: AS () Delete
Name: ALBERTS, ALAN M.D.
Address: 7431 N. UNIVERSITY DRIVE # 300
City-St-Zip: TAMARAC, FL 33321 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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 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: STEVEN C KIMMEL, M.D.

DPST

07/09/2008

Electronic Signature of Signing Officer or Director

Date