


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2007 8:00 am
Secretary of State

04-13-2007 90183 016 ***150.00

DOCUMENT # P96000012662
 1. Entity Name
SOUTH BROWARD SPECIALTY PHYSICIANS IPA, INC.



Principal Place of Business Mailing Address
2900 CORPORATE WAY **2900 CORPORATE WAY**
HOLLYWOOD, FL 33025 **HOLLYWOOD, FL 33025**

40060311



2. Principal Place of Business - No P.O. Box # 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

03282007 Chg-P CR2E034 (12/06)

City & State City & State
 Zip Country Zip Country

4. FEI Number Applied For
65-0688251 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
BARBER, GARY
1011 N. 35 AVE.
HOLLYWOOD, FL 33021

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DC	<input type="checkbox"/> Delete
NAME	SCHONFELD, WAYNE B MD	
STREET ADDRESS	4700-M SHERIDAN STREET	
CITY-ST-ZIP	HOLLYWOOD, FL 33021	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SUITE, NICHOLAS D MD	
STREET ADDRESS	7900 NW 33RD STREET SUITE 101	
CITY-ST-ZIP	DAVIE, FL 33024	
TITLE	D	<input type="checkbox"/> Delete
NAME	HAMMERMAN, MARC Z MD	
STREET ADDRESS	C/O MIH, 2900 CORPORATE WAY	
CITY-ST-ZIP	HOLLYWOOD, FL 33025	
TITLE	D	<input type="checkbox"/> Delete
NAME	VAN GELDER, JAMES P MD	
STREET ADDRESS	1150 N. 35TH AVE SUITE 240	
CITY-ST-ZIP	HOLLYWOOD, FL 33021	
TITLE	D	<input type="checkbox"/> Delete
NAME	ENTENBERG, MICHAEL MD	
STREET ADDRESS	1150 NE 35TH AVE SUITE 600	
CITY-ST-ZIP	HOLLYWOOD, FL 33021	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other names empowered.

SIGNATURE: Wayne Schonfeld **WAYNE SCHONFELD** 4/13/2007 (954) 961-8400
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR Date Daytime Phone #