2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 08, 2008 08:00 AM
Secretary of State

DOCUMENT # P96000012662

1. Entity Name
SOUTH BROWARD SPECIALTY PHYSICIANS IPA, INC.

Principal Place of Business
2900 CORPORATE WAY
HOLLYWOOD, FL 33025

Mailing Address
2900 CORPORATE WAY
HOLLYWOOD, FL 33025

DO NOT WRITE IN THIS SPACE

04302008 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0688251

Applied For
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

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

FILE NOW!!! FEE IS $150.00
After May 1, 2008 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
NAME	SCHONFELD, WAYNE B MD
STREET ADDRESS	4700-M SHERIDAN STREET
CITY-ST-ZIP	HOLLYWOOD, FL 33021
TITLE	D
NAME	HAMMERMAN, MARC Z MD
STREET ADDRESS	C/O MIH, 2900 CORPORATE WAY
CITY-ST-ZIP	HOLLYWOOD, FL 33025
TITLE	D
NAME	VAN GELDER, JAMES P MD
STREET ADDRESS	1150 N. 35TH AVE SUITE 240
CITY-ST-ZIP	HOLLYWOOD, FL 33021
TITLE	D
NAME	ENTENBERG, MICHAEL MD
STREET ADDRESS	1150 NE 35TH AVE SUITE 600
CITY-ST-ZIP	HOLLYWOOD, FL 33021
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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06/03/08-80037-022 :150.00

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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 like empowered.

SIGNATURE: Wayne Schonfeld 5/5/2008 (954)961-8400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #