

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 91029 009 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P96000012662

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



Principal Place of Business
6517 TAFT STREET
HOLLYWOOD, FL 33024

Mailing Address
6517 TAFT STREET
HOLLYWOOD, FL 33024

2. Principal Place of Business
2900 CORPORATE WAY
Suite, Apt. #, etc.

3. Mailing Address
2900 CORPORATE WAY
Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State
MIRAMAR, FLORIDA

City & State
MIRAMAR, FLORIDA

4. FEI Number
65-0688251

Applied For
Not Applicable

Zip
33025

Country
U.S.A.

Zip
33025

Country
U.S.A.

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

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, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DC
SCHONFELD, WAYNE B MD
4700-M SHERIDAN STREET
HOLLYWOOD, FL 33021 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
SEREDA, DEXTER MD
601 N. FLAMINGO ROAD SUITE 301
PEMBROKE PINES, FL 33028 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
SUITE, NICHOLAS D MD
7900 NW 33RD STREET SUITE 101
DAVIE, FL 33024 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
HAMMERMAN, MARC Z MD
C/O MIH 6517 TAFT ST
HOLLYWOOD, FL 33024 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
VAN GELDER, JAMES P MD
1150 N. 35TH AVE SUITE 240
HOLLYWOOD, FL 33021 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
ENTENBERG, MICHAEL MD
1150 NE 35TH AVE SUITE 600
HOLLYWOOD, FL 33021 ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
HAMMERMAN, MARC Z., M.D.
C/O MIH, 2900 CORPORATE WAY
MIRAMAR, FL 33025 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WAYNE SCHONFELD

Date

3/20/03

Cayman Phone #

954-985-2360

CR2034 (10/02)