

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

04-13-2007 90183 018 ***150.00

DOCUMENT # P96000069569

1. Entity Name

SOUTH BROWARD PRIMARY CARE IPA, INC.



Principal Place of Business

**2900 COPORATE WAY
MIRARMAR, FL 33025**

Mailing Address

**2900 COPORATE WAY
MIRARMAR, FL 33025**

40060309



DO NOT WRITE IN THIS SPACE

03122007 No Chg-P CR2E034 (11/05)

4. FEI Number

65-0688695

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**

**DO NOT WRITE
IN THIS SPACE**

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, 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
NAME HEROLD, FREDERICK S MD
STREET ADDRESS C/O MIH, 2900 COPORATE WAY
CITY-ST-ZIP MIRAMAR, FL 33025

TITLE D
NAME LAZAR, MARK M
STREET ADDRESS C/O MIH, 2900 CORPORATE WAY
CITY-ST-ZIP MIRAMAR, FL 33025

TITLE D
NAME MOSHIN, JAFFER M
STREET ADDRESS C/O MIH, 2900 CORPORATE WAY
CITY-ST-ZIP MIRAMAR, FL 33025

TITLE MD
NAME BLAZE, KENNETH
STREET ADDRESS 1 SW 129TH AVE STE 109
CITY-ST-ZIP PEMBROKE PINES, FL 33027

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FREDERICK HEROLD 4/11/07 954-276-3131

Date

Daytime Phone #