


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 06, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P96000069569</b>	
1. Entity Name <b>SOUTH BROWARD PRIMARY CARE IPA, INC.</b>	

Principal Place of Business <b>2900 COPORATE WAY MIRARMAR, FL 33025</b>	Mailing Address <b>2900 COPORATE WAY MIRARMAR, FL 33025</b>
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04302008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-0688695</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent  <b>BARBER, GARY 1011 N. 35 AVE. HOLLYWOOD, FL 33021</b>
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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	DATE <b>06/03/08-80023-022 150.00</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC HEROLD, FREDERICK S MD C/O MIH, 2900 COPORATE WAY MIRAMAR, FL 33025
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAZAR, MARK M C/O MIH, 2900 CORPORATE WAY MIRAMAR, FL 33025
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOSHIN, JAFFER M C/O MIH, 2900 CORPORATE WAY MIRAMAR, FL 33025
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MD BLAZE, KENNETH 1 SW 129TH AVE STE 109 PEMBROKE PINES, FL 33027
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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 empowerers.

**SIGNATURE:** Frederick Herold **5/5/08** **954-276-4101**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #