2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2003 8:00 am
Secretary of State
04-07-2003 91029 010 ***150.00

DOCUMENT # P96000069569

1. Entity Name
SOUTH BROWARD PRIMARY CARE IPA, INC.

Principal Place of Business	Mailing Address
6517 TAFT STREET HOLLYWOOD, FL 33024	6517 TAFT STREET HOLLYWOOD, FL 33024

2. Principal Place of Business	3. Mailing Address
2900 CORPORATE WAY	2900 CORPORATE WAY
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIRAMAR, FLORIDA	City & State: MIRAMAR, FLORIDA
Zip: 33025 / Country: U.S.A.	Zip: 33025 / Country: U.S.A.

☐ CHECK HERE IF MAKING CHANGES

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	7. Name and Address of New Registered Agent
BARBER, GARY 1011 N. 35 AVE. HOLLYWOOD, FL 33021	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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	DC ☐ Delete	TITLE	DC ☒ Change ☐ Addition
NAME	HEROLD, FREDERICK S MD	NAME	HEROLD, FREDERICK S., M.D.
STREET ADDRESS	C/O MIH 6517 TAFT STREET	STREET ADDRESS	C/O MIH, 2900 CORPORATE WAY
CITY-ST-ZIP	HOLLYWOOD, FL 33024	CITY-ST-ZIP	MIRAMAR, FL 33025
TITLE	D ☐ Delete	TITLE	D ☒ Change ☐ Addition
NAME	AGOSTINELLI, JOHN	NAME	AGOSTINELLI, JOHN
STREET ADDRESS	C/O MIH 6517 TAFT STREET	STREET ADDRESS	C/O MIH, 2900 CORPORATE WAY
CITY-ST-ZIP	HOLLYWOOD, FL 33024	CITY-ST-ZIP	MIRAMAR, FL 33025
TITLE	D ☐ Delete	TITLE	D ☒ Change ☐ Addition
NAME	LAZAR, MARK M	NAME	LAZAR, MARK M.
STREET ADDRESS	C/O MIH 6517 TAFT ST	STREET ADDRESS	C/O MIH, 2900 CORPORATE WAY
CITY-ST-ZIP	HOLLYWOOD, FL 33024	CITY-ST-ZIP	MIRAMAR, FL 33025
TITLE	D ☒ Delete	TITLE	☐ Change ☐ Addition
NAME	OXENHANDLER, SCOTT L MD	NAME	
STREET ADDRESS	C/O MIH 6517 TAFT ST	STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD, FL 33024	CITY-ST-ZIP	
TITLE	D ☐ Delete	TITLE	D ☒ Change ☐ Addition
NAME	MOSHIN, JAFFER M	NAME	MOSHIN, JAFFER M.
STREET ADDRESS	C/O MIH 6517 TAFT ST	STREET ADDRESS	C/O MIH, 2900 CORPORATE WAY
CITY-ST-ZIP	HOLLYWOOD, FL 33024	CITY-ST-ZIP	MIRAMAR, FL 33025
TITLE	MD ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	BLAZE, KENNETH	NAME	
STREET ADDRESS	1 SW 129TH AVE STE 109	STREET ADDRESS	
CITY-ST-ZIP	PEMBROKE PINES, FL 33027	CITY-ST-ZIP	

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: MD FREDERICK S. HEROLD 3/15/03 954-981-6680
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (10/02)