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

☐ CHECK HERE IF MAKING CHANGES

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.

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

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	DC HEROLD, FREDERICK S MD C/O MIH 6517 TAFT STREET HOLLYWOOD, FL 33024	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DC HEROLD, FREDERICK S., M.D. C/O MIH, 2900 CORPORATE WAY MIRAMAR, FL 33025	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D AGOSTINELLI, JOHN C/O MIH 6517 TAFT STREET HOLLYWOOD, FL 33024	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D AGOSTINELLI, JOHN C/O MIH, 2900 CORPORATE WAY MIRAMAR, FL 33025	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LAZAR, MARK M C/O MIH 6517 TAFT ST HOLLYWOOD, FL 33024	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LAZAR, MARK M. C/O MIH, 2900 CORPORATE WAY MIRAMAR, FL 33025	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D OXENHANDLER, SCOTT L MD C/O MIH 6517 TAFT ST HOLLYWOOD, FL 33024	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MOSHIN, JAFFER M C/O MIH 6517 TAFT ST HOLLYWOOD, FL 33024	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MOSHIN, JAFFER M. C/O MIH, 2900 CORPORATE WAY MIRAMAR, FL 33025	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MD BLAZE, KENNETH 1 SW 129TH AVE STE 109 PEMBROKE PINES, FL 33027	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (10/02)

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: [signature] MD FREDERICK S. HEROLD 3/15/03 954-581-6660
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #