

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 26, 2004 08:00 AM
Secretary of State

DOCUMENT # P99000061037

1. Entity Name
BROWARD MANAGED CARE ASSOCIATES, INC.



Principal Place of Business
**676 W PROSPECT RD
FORT LAUDERDALE, FL 33309**

Mailing Address
**676 W PROSPECT RD
FORT LAUDERDALE, FL 33309**



02162004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0926490

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CHEDIAK, NIDIA
676 W PROSPECT RD
FORT LAUDERDALE, FL 33309**

**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, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000130900
04/26/04-80137-002 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	CHEDIAK, NIDIA
STREET ADDRESS	847 COQUINA WAY
CITY-ST-ZIP	BOCA RATON, FL 33432
TITLE	VP
NAME	ARRIEN, VICTOR
STREET ADDRESS	4121 NE 30 TERRACE
CITY-ST-ZIP	LIGHTHOUSE POINT, FL 33064
TITLE	T
NAME	PEREZ-MESA, FRANCISCO
STREET ADDRESS	6106 VISTA LINDA LANE
CITY-ST-ZIP	BOCA RATON, FL 33433
TITLE	S
NAME	SPEILLER, PAUL
STREET ADDRESS	847 COQUINA WAY
CITY-ST-ZIP	BOCA RATON, FL 33432
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 exemption stated in Section 119.07(3)(f), 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

FRANCISCO PEREZ-MESA

4/26/04

954-483500

Date

Daytime Phone #