

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 27, 2005 8:00 am**  
**Secretary of State**

04-27-2005 90295 022 \*\*\*150.00

**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**

**DO NOT WRITE IN THIS SPACE**



04052005 No Chg-P CR2E034 (10/03)

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**

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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 \_\_\_\_\_

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, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**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	

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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)(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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #