

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000061037

FILED
Mar 26, 2009
Secretary of State

Entity Name: BROWARD MANAGED CARE ASSOCIATES, INC.

Current Principal Place of Business:

1800 W HILLSBORO BLVD
SUITE 205
DEERFIELD BEACH, FL 33442

New Principal Place of Business:

Current Mailing Address:

1800 W HILLSBORO BLVD
SUITE 205
DEERFIELD BEACH, FL 33442

New Mailing Address:

FEI Number: 65-0926490

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHEDIAK, NIDIA
1800 W HILLSBORO BLVD SUITE 205
DEERFIELD BEACH, FL 33442 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: CHEDIAK, NIDIA
Address: 847 COQUINA WAY
City-St-Zip: BOCA RATON, FL 33432

Title: VP () Delete
Name: ARRIEN, VICTOR
Address: 4121 NE 30 TERRACE
City-St-Zip: LIGHTHOUSE POINT, FL 33064

Title: T () Delete
Name: PEREZ-MESA, FRANCISCO
Address: 6106 VISTA LINDA LANE
City-St-Zip: BOCA RATON, FL 33433

Title: S () Delete
Name: SPEILLER, PAUL
Address: 847 COQUINA WAY
City-St-Zip: BOCA RATON, FL 33432

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FRANCISCO PEREZ-MESA

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03/26/2009

Electronic Signature of Signing Officer or Director

Date