2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 07, 2008
Secretary of State

DOCUMENT# P99000110681

Entity Name: WEST BROWARD HOSPITALISTS, P.A.

Current Principal Place of Business:

1551 SAWGRASS CORP PKWY
110
SUNRISE, FL 33323

New Principal Place of Business:

18221 NW 16TH ST
PEMBROKE PINES, FL 33029

Current Mailing Address:

1551 SAWGRASS CORP PKWY
110
SUNRISE, FL 33323

New Mailing Address:

18221 NW 16TH ST
PEMBROKE PINES, FL 33029

FEI Number: 59-3623211 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CAMPBELL, WILLIAM R M.D.
18221 N.W. 16TH ST.
PEMBROKE PINES, FL 33029 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: PD ( ) Delete
Name: CAMPBELL, WILLIAM R M.D.
Address: 18221 N.W. 16TH ST.
City-St-Zip: PEMBROKE PINES, FL 33029

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: WILLIAM R CAMPBELLMD PD 01/07/2008

Electronic Signature of Signing Officer or Director — Date