2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S75964

FILED Jan 04, 2007 Secretary of State

Entity Name: HEALTH CARE MANAGEMENT CONSULTANTS OF BROWARD, INC.

| Current Principal Place of Business: | | | | New Principal Place of Business: | | |
|--|---|--|-----------|--|---|--|
| 2455 EAST | FRANCIS RUF SUNRISE BLV DERDALE, FL | D., SUITE 609 | | | | |
| Current Mailing Address: | | | | New Mailing Address: | | |
| C/O ALAN FRANCIS RUF 2455 EAST SUNRISE BLVD., SUITE 609 FORT LAUDERDALE, FL 33304 US | | | | | | |
| FEI Number: (| 65-0290788 | FEI Number Applied For () | FEI Nun | nber Not Applicable () | Certificate of Status Desired () | |
| Name and Address of Current Registered Agent: | | | | Name and Address of New Registered Agent: | | |
| SUITE 609 | F ESQ. NRISE BLVD. RDALE, FL 33 | 304 US | | | | |
| The above in the State | | ubmits this statement for the p | purpose o | f changing its registere | ed office or registered agent, or both, | |
| SIGNATUR | E: | | | | | |
| | Electronic | Signature of Registered Age | ent | | Date | |
| Election Cam | paign Financing | Trust Fund Contribution (). | | | | |
| OFFICERS AND DIRECTORS: | | | | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: | | |
| Title: Name: Address: City-St-Zip: | RUF, GEORGIA I 2455 EAST SUNI | Delete N RISE BLVD., SUITE 609 ALE, FL 33304 US | | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: City-St-Zip: | RUF, ALAN F 2455 EAST SUNI | Delete RISE BLVD., SUITE 609 ALE, FL 33304 US | | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| | | | | | | |

I hereby certify that the information supplied with this filing does not qualify for the 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: GEORGIA N. RUF PD 01/04/2007