2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2011
Secretary of State

DOCUMENT# S75964

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

Current Principal Place of Business:

C/O ALAN FRANCIS RUF
2455 EAST SUNRISE BLVD., SUITE 609
FORT LAUDERDALE, FL 33304 US

New Principal Place of Business:

C/O ALAN FRANCIS RUF
2455 EAST SUNRISE BLVD., SUITE 506
FORT LAUDERDALE, FL 33304 US

Current Mailing Address:

C/O ALAN FRANCIS RUF
2455 EAST SUNRISE BLVD., SUITE 609
FORT LAUDERDALE, FL 33304 US

New Mailing Address:

C/O ALAN FRANCIS RUF
2455 EAST SUNRISE BLVD., SUITE 506
FORT LAUDERDALE, FL 33304 US

FEI Number: 65-0290788 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RUF, ALAN F ESQ.
2455 E. SUNRISE BLVD.
SUITE 609
FT. LAUDERDALE, FL 33304 US

Name and Address of New Registered Agent:

RUF, ALAN F ESQ.
2455 E. SUNRISE BLVD.
SUITE 506
FT. LAUDERDALE, FL 33304 US

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: _____ 04/26/2011
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD
Name: RUF, GEORGIA N
Address: 2455 EAST SUNRISE BLVD., SUITE 506
City-St-Zip: FORT LAUDERDALE, FL 33304 US

Title: VD
Name: RUF, ALAN F
Address: 2455 EAST SUNRISE BLVD., SUITE 506
City-St-Zip: FORT LAUDERDALE, FL 33304 US

I hereby 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 all other like empowered.

SIGNATURE: ALAN F. RUF VD 04/26/2011
Electronic Signature of Signing Officer or Director — Date