

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P95000053397

**Entity Name:** ID ASSOCIATES OF BROWARD, P.A.

**Current Principal Place of Business:**

7421 N. UNIVERSITY DRIVE  
SUITE 212  
TAMARAC, FL 33321

**FILED**  
**Apr 01, 2016**  
**Secretary of State**  
**CC4302786718**

**Current Mailing Address:**

7421 N. UNIVERSITY DRIVE  
SUITE 212  
TAMARAC, FL 33321

**FEI Number:** 65-0589189

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

OSINSKI, VAL L  
9836 W SAMPLE ROAD  
CORAL SPRINGS, FL 33065 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title	MD	Title	MD
Name	RAMIREZ, RAMON	Name	SEBASTIAN, THOMAS
Address	8422 NW 47 STREET	Address	7421 N UNIVERSITY DR, STE 212
City-State-Zip:	CORAL SPRINGS FL 33067	City-State-Zip:	FORT LAUDERDALE FL 33321

*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:** RAMON RAMIREZ

MD

04/01/2016

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date