

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000028524

**Entity Name:** BROWARD QUALITY MEDICAL, LLC

**Current Principal Place of Business:**

6301 PEMBROKE ROAD  
C/O PEMBROKE PHYSICIANS ASS, INC.  
HOLLYWOOD, FL 33023

**Current Mailing Address:**

6301 PEMBROKE ROAD  
C/O PEMBROKE PHYSICIANS ASS, INC.  
HOLLYWOOD, FL 33023

**FEI Number:** 55-0862779

**Certificate of Status Desired:** No

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

PEMBROKE PHYSICIANS ASSOCIATED, INC.  
6301 PEMBROKE ROAD  
HOLLYWOOD, FL 33023 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

**Authorized Person(s) Detail :**

|                 |                                           |
|-----------------|-------------------------------------------|
| Title           | MGRM                                      |
| Name            | PEMBROKE PHYSICIANS ASSOCIATED, INC.      |
| Address         | 6301 PEMBROKE ROAD                        |
| City-State-Zip: | HOLLYWOOD FL 33023                        |
| Title           | MGRM                                      |
| Name            | RAPP, STEVEN J                            |
| Address         | 2500 E. HALLANDALE BEACH BLVD., SUITE 211 |
| City-State-Zip: | HALLANDALE FL 33009                       |

|                 |                                                         |
|-----------------|---------------------------------------------------------|
| Title           | MGRM                                                    |
| Name            | ARMANDO ROCA                                            |
| Address         | 6301 PEMBROKE ROAD<br>C/O PEMBROKE PHYSICIANS ASS, INC. |
| City-State-Zip: | HOLLYWOOD FL 33023                                      |

*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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** ARMANDO ROCA

MGRM

02/13/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date