

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **723202** (8)

1. Corporation Name

**BROWARD PHYSICIANS' FOUNDATION, INC**



Principal Place of Business

1001 W. CYPRESS CREEK RD.  
#S207  
FT. LAUDERDALE FL 33309  
US

Mailing Address

1001 W. CYPRESS CREEK RD.  
#S207  
FT. LAUDERDALE FL 33309  
US

3. Date Incorporated or Qualified  
**04/18/1972**

3a. Date of Last Report  
**05/01/1995**

2. Principal Place of Business

21 **5101 NW 21 Ave**  
Suite, Apt. #, etc. **S-440**

2a. Mailing Address

26 **5101 NW 21 Ave**  
Suite, Apt. #, etc. **S-440**

4. FEI Number  
**59-1443675**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00 May Be  
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

City & State

23 **Fort Lauderdale FL**  
Zip **33309** Country **USA**

City & State

28 **Fort Lauderdale FL**  
Zip **33309** Country **USA**

24

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Country

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Zip

Country

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Country

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Country

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Country

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Country

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Country

9. Name and Address of Current Registered Agent

**PETERSON, CYNTHIA S**  
1001 W. CYPRESS CREEK RD.  
#S207  
FORT LAUDERDALE FL 33309

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83 **S-440**

84 City **Fort Lauderdale**

**FL**

85 Zip Code

**33309**

10. Name and Address of New Registered Agent

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **CD** ☐ DELETE  
NAME **TOMASELLO, PETER M.D.**  
STREET ADDRESS **201 N.W. 82ND AVE., #405**  
CITY-ST-ZIP **FT. LAUDERDALE FL 33324**

TITLE **PD** ☐ DELETE  
NAME **MOLINET, ROLAND M.D.**  
STREET ADDRESS **12 N.E. 12TH AVE.**  
CITY-ST-ZIP **FT. LAUDERDALE FL 33301**

TITLE **D** ☐ DELETE  
NAME **BECKER, MATHIS M.D.**  
STREET ADDRESS **201 N.W. 82ND AVE., #504**  
CITY-ST-ZIP **FT. LAUDERDALE FL 33324**

TITLE **D** ☐ DELETE  
NAME **OTT, RICHARD**  
STREET ADDRESS **4801 N. FEDERAL HWY.**  
CITY-ST-ZIP **FT LAUDERDALE FL 33308**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

☐ Change ☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Mathis Becker M.D.*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-22-96**

Date

**954-714-9477**

Daytime Phone #

CR2E037 (12/95)