

FILE NOW: FILING FEE IS \$61.25

FILED

Jan 28 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA 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

5101 NW 21 AVE
SUITE S-440
FT. LAUDERDALE FL 33309
US

Mailing Address

5101 NW 21 AVENUE
SUITE S-440
FT. LAUDERDALE FL 33309-2731
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

PETERSON, CYNTHIA S
5101 NW 21ST AVE
SUITE S-440
FORT LAUDERDALE FL 33309

3. Date Incorporated or Qualified

04/18/1972

3a. Date of Last Report

04/26/1996

4. FEI Number

59-1443675

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐ \$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☐ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

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
NAME TOMASELLO, PETER M.D.
STREET ADDRESS 201 N.W. 82ND AVE., #405
CITY-ST-ZIP FT. LAUDERDALE FL 33324 ☐ DELETETITLE PD
NAME MOLINET, ROLAND M.D.
STREET ADDRESS 12 N.E. 12TH AVE.
CITY-ST-ZIP FT. LAUDERDALE FL 33301 ☐ DELETETITLE D
NAME BECKER, MATHIS M.D.
STREET ADDRESS 201 N.W. 82ND AVE., #504
CITY-ST-ZIP FT. LAUDERDALE FL 33324 ☐ DELETETITLE D
NAME OTT, RICHARD
STREET ADDRESS 4801 N. FEDERAL HWY.
CITY-ST-ZIP FT LAUDERDALE FL 33308 ☐ DELETETITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP ☐ Change ☐ Addition2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP ☐ Change ☐ Addition3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP ☐ Change ☐ Addition4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP ☐ Change ☐ Addition5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ☐ Change ☐ Addition6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Richard Ott*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR1-20-97 954-714-9477
Date Daytime Phone # 0035934

CR2E037 (9/96)