

FILE NOW: FILING FEE IS \$61.25

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Mar 02 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 US
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3. Date Incorporated or Qualified 04/18/1972	4. FEI Number 59-1443675	Applied For <input type="checkbox"/> Not Applicable
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent PETERSON, CYNTHIA S 5101 NW 21ST AVE SUITE S-440 FORT LAUDERDALE FL 33309	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ **DATE** _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD TOMASELLO, PETER M.D. 201 N.W. 82ND AVE., #405 FT. LAUDERDALE FL 33324	<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MOLINET, ROLAND M.D. 12 N.E. 12TH AVE. FT. LAUDERDALE FL 33301	<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BECKER, MATHIS M.D. 201 N.W. 82ND AVE., #504 FT. LAUDERDALE FL 33324	<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OTT, RICHARD 4801 N. FEDERAL HWY. FT LAUDERDALE FL 33308	<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I 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: *Mathis Becker MD* 2-23-98 954-714-9477

CR2037 (10/97)