

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 723202

1. Entity Name

BROWARD PHYSICIANS' FOUNDATION, INC

**FILED**  
**Apr 27, 2000 8:00 am**  
**Secretary of State**

04-27-2000 90108 018 \*\*\*\*61.25

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1443675** Applied For Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

8. 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

FILE NOW:  
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Richard Ott* Richard Ott, MD 4/20/00 954-714-9477  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)