

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 29, 2004 8:00 am**  
**Secretary of State**

04-29-2004 90378 001 \*\*\*306.25

**DOCUMENT # 723202**

1. Entity 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

**66416703**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04262004 Chg-NP CR2E037 (10/03)

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☐ Delete  
NAME HAMILTON, EDWIN MD  
STREET ADDRESS 5101 NW 21ST AVE. STE 440  
CITY-ST-ZIP FORT LAUDERDALE, FL 33309

TITLE ☐ Change ☐ Addition  
NAME **HAMILTON**  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

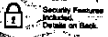


12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same 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:**

*Edwin Hamilton MD*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-28-04 954-714-9772**  
Date Daytime Phone #

Attachment 66416703  
# 723202

<b>BROWARD COUNTY MEDICAL ASSOC.</b>		2913
STE. 440 5101 N.W. 21ST AVE. FORT LAUDERDALE, FL 33309 (954) 714-9772		63-476-670
PAY TO THE ORDER OF	<u>Florida Department of State</u>	DATE <u>4-28-04</u>
<u>Three Hundred Six &amp; 25/100</u>		\$ <u>306.25</u>
<b>citibank</b> <small>CITIBANK, F.S.B. BR. #522 500 EAST BROWARD BOULEVARD FORT LAUDERDALE, FL 33394</small>		DOLLARS 
FOR <u>Corp. Filing Fees</u>		<u>Cynthia S. Peterson</u>
X5 		

# 723202  
# N93000005582  
# N98000000917  
# N26889  
# N98000000967