

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 25, 2006
Secretary of State**

DOCUMENT# 723202

Entity Name: BROWARD PHYSICIANS' FOUNDATION, INC

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-1443675 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: HAMILTON, EDWIN MD
Address: 5101 NW 21ST AVE. STE 440
City-St-Zip: FORT LAUDERDALE, FL 33309

Title: PD () Delete
Name: MOLINET, ROLAND M., D.
Address: 12 N.E. 12TH AVE.
City-St-Zip: FT. LAUDERDALE, FL 33301

Title: D () Delete
Name: BECKER, MATHIS M.D.,
Address: 201 N.W. 82ND AVE., #504
City-St-Zip: FT. LAUDERDALE, FL 33324

Title: D () Delete
Name: OTT, RICHARD,
Address: 4801 N. FEDERAL HWY.
City-St-Zip: FT LAUDERDALE, FL 33308

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: PD (X) Change () Addition
Name: MOLINET, ROLAND MD
Address: 12 N.E. 12TH AVE.
City-St-Zip: FT. LAUDERDALE, FL 33301

Title: D (X) Change () Addition
Name: PALAMARA, ARTHUR E MD
Address: 3850 HOLLYWOOD BLVD, #302
City-St-Zip: HOLLYWOOD, FL 33021

Title: D (X) Change () Addition
Name: COX, LINDA MD
Address: 5333 N. DIXIE HWY, #210
City-St-Zip: FT LAUDERDALE, FL 33334

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROLAND MOLINET, MD

PD

04/25/2006

Electronic Signature of Signing Officer or Director

Date