


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 03, 2007 8:00 am**  
**Secretary of State**

04-03-2007 90009 011 \*\*\*\*61.25

**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
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**DO NOT WRITE IN THIS SPACE**

40048816



04012007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-1443675	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

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

**DO NOT WRITE IN THIS SPACE**

**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, 2007**

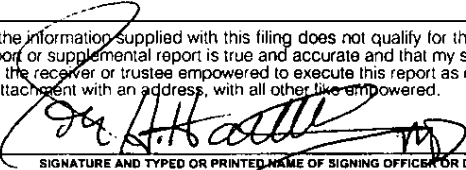
**9.** Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAMILTON, EDWIN MD 5101 NW 21ST AVE. STE 440 FORT LAUDERDALE, FL 33309
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MOLINET, ROLAND MD 12 N.E. 12TH AVE. FT. LAUDERDALE, FL 33301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PALAMARA, ARTHUR E MD 3850 HOLLYWOOD BLVD, #302 HOLLYWOOD, FL 33021
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COX, LINDA MD 5333 N. DIXIE HWY, #210 FT LAUDERDALE, FL 33334
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

**12.** I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:**  **4-1-2007** **954-714-9772**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #