

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 723202

FILED
Apr 29, 2009
Secretary of State

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:

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

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: SPIER, NIGEL A MD
Address: 5101 NW 21ST AVENUE, STE 440
City-St-Zip: FT. LAUDERDALE, FL 33309

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify 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: NIGEL A. SPIER, M.D.

PD

04/29/2009

Electronic Signature of Signing Officer or Director

Date