2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 30, 2000 8:00 am
Secretary of State
03-30-2000 90022 041 ****61.25

DOCUMENT # N14656

1. Entity Name

BROWARD COUNTY MEDICAL ASSOCIATION ALLIANCE, INC

Principal Place of Business	Mailing Address
5101 NW 21 AVE SUITE #440 FT. LAUDERDALE FL 33309	5101 NW 21 AVE SUITE #440 FT. LAUDERDALE FL 33309-2731

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-2456382 ☐ Applied For ☐ Not Applicable

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 21 AVE SUITE 440 FT. 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD RUSSO, BETSY 2656 N.E. 37TH DRIVE FT. LAUDERDALE FL 33308	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PED Grenitz, Anne 11841 NW 7th St Plantation, FL 33324 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PED MARCUS, ROCHELLE 6058 N.W. 71ST TERRACE PARKLAND FL 33067	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	FED BELETTE, IVETTE 2488 Poinciana Lane Weston, FL 33324 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD KIRZNER, AILEEN 760 N.W. 101ST TERRACE PLANTATION FL 33324	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Marcus, Rochelle PD 6058 NW 71st Terr Parkland, FL 33067 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD BUHLER, LYNN 2705 WALKERS WAY WESTON FL 33331	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	RSD AST, JOAN 6180 S.W. 51ST COURT DAVIE FL 33314	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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.