

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2002 8:00 am
Secretary of State

03-03-2002 90119 028 ****61.25

DOCUMENT # N14656

1. Entity Name

BROWARD COUNTY MEDICAL ASSOCIATION ALLIANCE, INC

Principal Place of Business

5101 NW 21 AVE
 SUITE #440
 FT. LAUDERDALE FL 33309

Mailing Address

5101 NW 21 AVE
 SUITE #440
 FT. LAUDERDALE FL 33309

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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	PD	☒ Delete
NAME	GRENITZ, ANNE	
STREET ADDRESS	11041 NW 7TH ST	
CITY-ST-ZIP	PLANTATION FL 33324	
TITLE	DT	☒ Delete
NAME	BELETTE, IVETTE	
STREET ADDRESS	2488 POINCIANA LANE	
CITY-ST-ZIP	WESTON FL 33324	
TITLE	PD	☒ Delete
NAME	MARCUS, ROCHELLE	
STREET ADDRESS	6058 NW 71ST TERR	
CITY-ST-ZIP	PARKLAND FL 33067	
TITLE	PD	☒ Delete
NAME	BUHLER, LYNN	
STREET ADDRESS	2705 WALKERS WAY	
CITY-ST-ZIP	WESTON FL 33331	
TITLE	RSD	☒ Delete
NAME	AST, JOAN	
STREET ADDRESS	6180 S.W. 51ST COURT	
CITY-ST-ZIP	DAVIE FL 33314	
TITLE	TD	☒ Delete
NAME	MOLL, DIANA M.D.	
STREET ADDRESS	2602 OAKBROOK COURT	
CITY-ST-ZIP	WESTON FL 33332	

TITLE	VP	☒ Change ☐ Addition
NAME	Belette, IVEHE	
STREET ADDRESS	2488 POINCIANA LANE	
CITY-ST-ZIP	WESTON FL 33324	
TITLE	President elect	☒ Change ☐ Addition
NAME	AST, JOAN	
STREET ADDRESS	6180 SW 51ST COURT	
CITY-ST-ZIP	DAVIE FL 33314	
TITLE	President	☒ Change ☐ Addition
NAME	Buhler, LYNN	
STREET ADDRESS	2705 WALKERS WAY	
CITY-ST-ZIP	WESTON FL 33332	
TITLE	Treasurer	☒ Change ☐ Addition
NAME	DIANA MOLL	
STREET ADDRESS	2602 OAKBROOK CT	
CITY-ST-ZIP	WESTON FL 33332	
TITLE	Recording Secy	☒ Change ☐ Addition
NAME	Sheldon Alysse	
STREET ADDRESS	5101 N.W. 21st Ave	
CITY-ST-ZIP	FT Lauderdale FL 33309	
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:

[Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)