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01-28-1999 90016 005 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N19175

1. Corporation Name
THE BROWARD COUNTY MEDICAL ASSOCIATION ALLIANCE FOUNDATION, INC.

Principal Place of Business	Mailing Address
5101 N.W. 21ST AVE. #440 FT. LAUDERDALE FL 33309 US	5101 N.W. 21ST AVE. #440 FT. LAUDERDALE FL 33309 US

2. Principal Place of Business (21) — 2a. Mailing Address (26)
Suite, Apt. #, etc. (22) — Suite, Apt. #, etc. (27)
City & State (23) — City & State (28)
Zip (24) Country (25) — Zip (29) Country (30)

3. Date Incorporated or Qualified: 02/10/1987
4. FEI Number: 65-0710590 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

PETERSON, CYNRHIA S
5101 NW 21 AVE
SUITE #440
FT. LAUDERDALE FL 33309

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VPD	☒ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	KIRZNER, AILEEN		1.2 NAME	
STREET ADDRESS	760 N.W. 101ST TERRACE		1.3 STREET ADDRESS	
CITY-ST-ZIP	PLANTATION FL 33324		1.4 CITY-ST-ZIP	
TITLE	PD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	RUSSO, BETSY		2.2 NAME	
STREET ADDRESS	2656 N.E. 37TH DRIVE		2.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL 33308		2.4 CITY-ST-ZIP	
TITLE	TD	☒ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	RUSSO, BETSY		3.2 NAME	
STREET ADDRESS	2656 N.E. 37TH DRIVE		3.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL 33308		3.4 CITY-ST-ZIP	
TITLE	PED	☐ DELETE	4.1 TITLE	☐ Change ☒ Addition
NAME	MARCUS, ROCHELLE		4.2 NAME	
STREET ADDRESS	6058 NW 71ST TERRACE		4.3 STREET ADDRESS	
CITY-ST-ZIP	PARKLAND FL 33067		4.4 CITY-ST-ZIP	
TITLE	RDS	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	AST, PARK		5.2 NAME	
STREET ADDRESS	6180 S.W. 51ST COURT		5.3 STREET ADDRESS	
CITY-ST-ZIP	DAVIE FL 33314		5.4 CITY-ST-ZIP	
TITLE	TD - BUTLER, LYNN	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	2705 WALKERS WAY		6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP	WESTON, FL 33331		6.4 CITY-ST-ZIP	

CR2E037 (11/98)

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 1/11/98 (954) 384-6262
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #