

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Matham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -5 PH 2: 15

DOCUMENT # **N26889 (8)**
1. Corporation Name
BROWARD COUNTY MEDICAL ASSOCIATION, INC.

Principal Place of Business		Mailing Address	
C/O CYNTHIA PETERSON 5101 NW 21ST AVE. SUITE 510 FT. LAUDERDALE FL 33309 1001 W Cypress Creek Rd S-207		C/O CYNTHIA PETERSON 5101 NW 21ST AVE. SUITE 510 FT. LAUDERDALE FL 33309 1001 W Cypress Creek Rd S-207	
2. Principal Place of Business	2a. Mailing Address	21	26
1001 W Cypress Creek Rd	1001 W Cypress Creek Rd	S-207	S-207
Suite, Apt. #, etc.	Suite, Apt. #, etc.	22	27
S-207	S-207		
City & State	City & State	23	28
Ft. Lauderdale FL	Ft. Lauderdale FL		
Zip	County	24	30
33309	Broward	33309	Broward

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
06/10/1988	02/28/1994
4. FEI Number	Applied For / Not Applicable
59-0834012	
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
<input type="checkbox"/>	
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status	\$68.75 Supplemental Fee Not Required
<input type="checkbox"/>	
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

8. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
CYNTHIA PETERSON 5101 NW 21ST AVENUE SUITE 510 FT. LAUDERDALE FL 33309 1001 W Cypress Creek Rd S-207				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				1001 W Cypress Creek Rd			
				83			
				S-207			
				84 City			
				Ft. Lauderdale			
				85 Zip Code			
				FL 33309			

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	Robert E. Cline, MD	1.1 TITLE	President Director <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JUAN WESTER, M.D.	1.2 NAME	Robert Cline, MD
STREET ADDRESS	5101 NW 21ST AVE. S. 510	1.3 STREET ADDRESS	1001 W. Cypress Creek Rd, S-207
CITY - ST - ZIP	FT. LAUDERDALE FL	1.4 CITY - ST - ZIP	Ft. Lauderdale FL 33309
TITLE	CONLEY, T E	2.1 TITLE	President-Elect Director <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1001 W. Cypress Creek Rd S-207	2.2 NAME	Barry Tepperman, MD
STREET ADDRESS	5101 NW 21ST. AVE. S.510	2.3 STREET ADDRESS	1001 W Cypress Creek Rd S-207
CITY - ST - ZIP	FT. LAUDERDALE FL	2.4 CITY - ST - ZIP	Ft. Lauderdale FL 33309
TITLE	S	3.1 TITLE	Vice President Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEE, WAYNE	3.2 NAME	Wayne Lee, M.D.
STREET ADDRESS	5101 NW 21ST. AVE. S.510	3.3 STREET ADDRESS	1001 W. Cypress Creek Rd S-207
CITY - ST - ZIP	FT. LAUDERDALE FL	3.4 CITY - ST - ZIP	Ft. Lauderdale, FL 33309
TITLE	T	4.1 TITLE	Secretary <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PALAMARA, ARTHUR	4.2 NAME	Palamara Arthur M.D.
STREET ADDRESS	5101 NW 21ST. AVE. S.510	4.3 STREET ADDRESS	1001 W. Cypress Creek Rd S-207
CITY - ST - ZIP	FT. LAUDERDALE FL	4.4 CITY - ST - ZIP	Ft. Lauderdale, FL 33309
TITLE	D	5.1 TITLE	Treasurer <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MATHIS BECKER, M.D.	5.2 NAME	Marcia Sills, M.D.
STREET ADDRESS	5101 NW 21ST. AVE. S.510	5.3 STREET ADDRESS	1001 W. Cypress Creek Rd, S-207
CITY - ST - ZIP	FT. LAUDERDALE FL	5.4 CITY - ST - ZIP	Ft. Lauderdale, FL 33309
TITLE	D	6.1 TITLE	Director <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SOKOLK, DON E.	6.2 NAME	T. Edward Corley, MD
STREET ADDRESS	5101 NW 21ST. AVE. S.510	6.3 STREET ADDRESS	1001 W. Cypress Creek Rd S-207
CITY - ST - ZIP	FT. LAUDERDALE FL	6.4 CITY - ST - ZIP	Ft. Lauderdale FL 33309

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption listed in Section 110.07(3)(b), 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 this 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.

SIGNATURE: Robert Cline MD Robert Cline, MD, 3/21/95 305-938-5006
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Phone Number)