

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**FILED**  
**Apr 26 1996 8:00 am**  
**Secretary of State**

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



Principal Place of Business  
**1001 W CYPRESS CREEK RD  
SUITE 207  
FT. LAUDERDALE FL 33309  
US**

Mailing Address  
**1001 W CYPRESS CREEK RD  
SUITE 207  
FT. LAUDERDALE FL 33309  
US**

3. Date Incorporated or Qualified **06/10/1988** 3a. Date of Last Report **04/05/1995**

21	2. Principal Place of Business <b>5101 NW 21 Avenue</b>	26	2a. Mailing Address <b>5101 NW 21 Ave</b>
22	21 Suite, Apt. #, etc. <b>S-440</b>	27	26 Suite, Apt. #, etc. <b>S-440</b>
23	22 City & State <b>Fort Lauderdale FL</b>	28	27 City & State <b>Fort Lauderdale FL</b>
24	23 Zip <b>33309</b>	29	28 Zip <b>33309</b>
25	24 Country <b>Broward</b>	30	29 Country <b>Broward</b>

4. FEI Number **59-0834012** 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**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
**CYNTHIA PETERSON  
1001 W CYPRESS CREEK RD  
SUITE 207  
FT. LAUDERDALE FL 33309**

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable) <b>5101 NW 21 Avenue</b>
83	<b>S-440</b>
84	City <b>Fort Lauderdale FL</b>
85	Zip Code <b>33309</b>

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>CLINE, ROBERT E M.D.</b>
STREET ADDRESS	<b>1001 W CYPRESS CREEK ROAD, #207</b>
CITY-ST-ZIP	<b>FT. LAUDERDALE FL</b>
TITLE	<b>PED</b> <input type="checkbox"/> DELETE
NAME	<b>TEPPERMAN, BARRY M</b>
STREET ADDRESS	<b>1001 W CYPRESS CREEK RD, @207</b>
CITY-ST-ZIP	<b>FT. LAUDERDALE FL</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>LEE, WAYNE</b>
STREET ADDRESS	<b>1001 W CYPRESS CREEK RD., S207</b>
CITY-ST-ZIP	<b>FT. LAUDERDALE FL</b>
TITLE	<b>S</b> <input type="checkbox"/> DELETE
NAME	<b>PALAMARA, ARTHUR</b>
STREET ADDRESS	<b>1001 W CYPRESS CREEK RD S207</b>
CITY-ST-ZIP	<b>FT. LAUDERDALE FL</b>
TITLE	<b>TD</b> <input type="checkbox"/> DELETE
NAME	<b>MATHIS BECKER, M.D.</b>
STREET ADDRESS	<b>1001 W CYPRESS CREEK RD., S-207</b>
CITY-ST-ZIP	<b>FT. LAUDERDALE FL</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>CORLEY, T. E M.D.</b>
STREET ADDRESS	<b>1001 W CYPRESS CREEK RD. #207</b>
CITY-ST-ZIP	<b>FT. LAUDERDALE FL</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12	NAME	
13	STREET ADDRESS	
14	CITY-ST-ZIP	
21	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22	NAME	
23	STREET ADDRESS	
24	CITY-ST-ZIP	
31	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32	NAME	
33	STREET ADDRESS	
34	CITY-ST-ZIP	
41	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42	NAME	
43	STREET ADDRESS	
44	CITY-ST-ZIP	
51	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52	NAME	
53	STREET ADDRESS	
54	CITY-ST-ZIP	
61	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62	NAME	
63	STREET ADDRESS	
64	CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

**SIGNATURE:** *Ray Spencer* **4/18/96.** **954-714-9277**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)