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Feb 03 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # N26889 (8)

1. Corporation Name

BROWARD COUNTY MEDICAL ASSOCIATION, INC.



Principal Place of Business

Mailing Address

5101 NW 21 AVE
S-440
FT. LAUDERDALE FL 33309
US

5101 NW 21 AVE
SUITE S-440
FT. LAUDERDALE FL 33309-2731
US

3. Date Incorporated or Qualified
06/10/1988

3a. Date of Last Report
04/26/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

24 Country

28 Zip

30 Country

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

10. Name and Address of New Registered Agent

CYNTHIA PETERSON
5101 NW 21 AVENUE
SUITE S-440
FT. LAUDERDALE FL 33309

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D DELETE
NAME CLINE, ROBERT E M.D.
STREET ADDRESS 1001 W CYPRESS CREEK ROAD, #207
CITY-ST-ZIP FT. LAUDERDALE FL

1.1 TITLE P Change Addition
1.2 NAME Wayne Lee, MD
1.3 STREET ADDRESS 5101 NW 21 Ave S440
1.4 CITY-ST-ZIP Fort Lauderdale FL 33309

TITLE PED DELETE
NAME TEPPERMAN, BARRY M
STREET ADDRESS 1001 W CYPRESS CREEK RD, @207
CITY-ST-ZIP FT. LAUDERDALE FL

2.1 TITLE PED Change Addition
2.2 NAME Arthur Palamara MD
2.3 STREET ADDRESS 5101 NW 21 Ave S440
2.4 CITY-ST-ZIP Fort Lauderdale FL 33309

TITLE D DELETE
NAME LEE, WAYNE
STREET ADDRESS 1001 W CYPRESS CREEK RD., S207
CITY-ST-ZIP FT. LAUDERDALE FL

3.1 TITLE VP Change Addition
3.2 NAME Marcia Sills, MD
3.3 STREET ADDRESS 5101 NW 21 Ave S440
3.4 CITY-ST-ZIP Ft Lauderdale FL 33309

TITLE S DELETE
NAME PALAMARA, ARTHUR
STREET ADDRESS 1001 W CYPRESS CREEK RD S207
CITY-ST-ZIP FT. LAUDERDALE FL

4.1 TITLE S Change Addition
4.2 NAME Vincent DeGennaro MD
4.3 STREET ADDRESS 5101 NW 21 Ave, S-440
4.4 CITY-ST-ZIP Fort Lauderdale FL 33309

TITLE TD DELETE
NAME MATHIS BECKER, M.D.
STREET ADDRESS 1001 W CYPRESS CREEK RD., S-207
CITY-ST-ZIP FT. LAUDERDALE FL

5.1 TITLE TD Change Addition
5.2 NAME Edwin Hamilton, MD
5.3 STREET ADDRESS 5101 N.W. 21 Ave, S440
5.4 CITY-ST-ZIP Fort Lauderdale FL 33309

TITLE D DELETE
NAME CORLEY, T. E M.D.
STREET ADDRESS 1001 W CYPRESS CREEK RD. #207
CITY-ST-ZIP FT. LAUDERDALE FL

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE:

ARTHUR PALAMARA, M.D.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-20-97

954-714-9477

Date

Daytime Phone # 0035861

CR2E037 (9/96)