

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

**FILED**

**Mar 02 1998 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N26889 (8)**

1. Corporation Name  
**BROWARD COUNTY MEDICAL ASSOCIATION, INC.**



Principal Place of Business <b>5101 NW 21 AVE S-440 FT. LAUDERDALE FL 33309 US</b>	Mailing Address <b>5101 NW 21 AVE SUITE S-440 FT. LAUDERDALE FL 33309 US</b>
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3. Date Incorporated or Qualified <b>06/10/1988</b>		
4. FEI Number <b>59-0834012</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>28</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>
City & State <b>23</b>	City & State <b>28</b>
Zip <b>24</b>	Country <b>25</b>
Zip <b>29</b>	Country <b>30</b>

9. Name and Address of Current Registered Agent

**CYNTHIA PETERSON  
5101 NW 21 AVENUE  
SUITE S-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	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 \_\_\_\_\_ (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>PEO</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>TO</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 checked="" 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

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	<b>Edwin Hamilton, M.D.</b>
6.3 STREET ADDRESS	<b>2323 nw 19 st</b>
6.4 CITY-ST-ZIP	<b>FT. LAUDERDALE FL 33311</b>

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.

SIGNATURE: *Mathis Becker M.D.* 2-23-98 954-714-9477

CR2E037 (10/97)