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

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham 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 5101 NW 21 AVE S-440 FT. LAUDERDALE FL 33309 US	Mailing Address 5101 NW 21 AVE SUITE S-440 FT. LAUDERDALE FL 33309 US
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3. Date Incorporated or Qualified 06/10/1988		
4. FEI Number 59-0834012	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
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 21	2a. Mailing Address 28
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

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

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	Edwin Hamilton, M.D.
6.3 STREET ADDRESS	2323 nw 19 st
6.4 CITY-ST-ZIP	FT. LAUDERDALE FL 33311

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)