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NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N26889

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip Country

3. Date Incorporated or Qualified

06/10/1988

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

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

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

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

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

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

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

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

TITLE ~~T~~ DELETE
 NAME HAMILTON, EDWIN M.D.
 STREET ADDRESS 2323 NW 19TH STREET
 CITY-ST-ZIP FT. LAUDERDALE FL 33311

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE S/D Change Addition
 1.2 NAME Alan Routman, MD
 1.3 STREET ADDRESS 5101 nw 21 Ave S-440 D/S
 1.4 CITY-ST-ZIP Ft. Lauderdale FL 33309

2.1 TITLE C/D Change Addition
 2.2 NAME S/D
 2.3 STREET ADDRESS 5101 nw 21 Ave, S-440
 2.4 CITY-ST-ZIP Ft. Lauderdale FL 33309

3.1 TITLE Change Addition
 3.2 NAME S/D
 3.3 STREET ADDRESS 5101 nw 21 Ave S-440
 3.4 CITY-ST-ZIP Ft. Lauderdale FL 33309

4.1 TITLE S/D Change Addition
 4.2 NAME S/D
 4.3 STREET ADDRESS 5101 nw 21 Ave S-440
 4.4 CITY-ST-ZIP Ft. Lauderdale, FL 33309

5.1 TITLE T/D Change Addition
 5.2 NAME Alan mendelson, MD
 5.3 STREET ADDRESS 5101 nw 21 Ave S-440 D/T
 5.4 CITY-ST-ZIP Ft. Lauderdale FL 33309

6.1 TITLE VP/D Change Addition
 6.2 NAME S/D
 6.3 STREET ADDRESS 5101 n.w. 21 Ave, S-440
 6.4 CITY-ST-ZIP Ft. Lauderdale FL 33309

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, with all other like empowered.

SIGNATURE:

Alan Mendelson, MD
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-13-99 954-714-9477
 Date Daytime Phone #

CR2E037 (11/98)