

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 27, 2000 8:00 am**  
**Secretary of State**

04-27-2000 90120 012 \*\*\*\*61.25

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DO NOT WRITE IN THIS SPACE

**DOCUMENT # N26889**

Entity Name

**BROWARD COUNTY MEDICAL ASSOCIATION, INC.**

Principal Place of Business 5101 NW 21 AVE SUITE S-440 FT. LAUDERDALE FL 33309	Mailing Address 5101 NW 21 AVE SUITE S-440 FT. LAUDERDALE FL 33309-2731 US
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number <b>59-0834012</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name \_\_\_\_\_

Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_

City \_\_\_\_\_ **FL** Zip Code \_\_\_\_\_

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW: FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Department of State</b>
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10. OFFICERS AND DIRECTORS

TITLE	S/D <input type="checkbox"/> Delete
NAME	ROUTMAN, ALAN M.D.
STREET ADDRESS	5101 NW 21 AVE SUITE 440
CITY-ST-ZIP	FT. LAUDERDALE FL 33309
TITLE	C/D <input type="checkbox"/> Delete
NAME	TEPPERMAN, BARRY M
STREET ADDRESS	5101 NW 21 AVE. SUITE 440
CITY-ST-ZIP	FT. LAUDERDALE FL 33309
TITLE	D <input type="checkbox"/> Delete
NAME	LEE, WAYNE
STREET ADDRESS	5101 NW 21 AVE, SUITE 440
CITY-ST-ZIP	FT. LAUDERDALE FL 33309
TITLE	D <input type="checkbox"/> Delete
NAME	PALAMARA, ARTHUR
STREET ADDRESS	5101 NW 21 AVE., SUITE 440
CITY-ST-ZIP	FT. LAUDERDALE FL 33309
TITLE	D/T <input type="checkbox"/> Delete
NAME	MENDELSON, ALAN M.D.
STREET ADDRESS	5101 NW 21 AVE., SUITE 440
CITY-ST-ZIP	FT. LAUDERDALE FL
TITLE	VP/D <input type="checkbox"/> Delete
NAME	HAMILTON, EDWIN M.D.
STREET ADDRESS	5101 NW 21 AVE., SUITE 440
CITY-ST-ZIP	FT. LAUDERDALE FL 33309

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE *Arthur Palamara* Palamara MD 4/20/00 954-714-9477

CFR2E037 (9/99)