

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 15, 2001 8:00 am
Secretary of State

03-15-2001 90234 001 ***122.50

DOCUMENT # N26889

1. Entity 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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-0834012

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: S/D
 NAME: ROUTMAN, ALAN M.D. Delete
 STREET ADDRESS: 5101 NW 21 AVE SUITE 440
 CITY-ST-ZIP: FT. LAUDERDALE FL 33309

TITLE: VP/D Change Addition
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

TITLE: C/D Delete
 NAME: TEPPERMAN, BARRY M
 STREET ADDRESS: 5101 NW 21 AVE. SUITE 440
 CITY-ST-ZIP: FT. LAUDERDALE FL 33309

TITLE: T/D Change Addition
 NAME: Nabil El Sanadi, M.D.
 STREET ADDRESS: 5101 NW 21st Ave, Ste 440
 CITY-ST-ZIP: Ft. Lauderdale, FL 33309

TITLE: D Delete
 NAME: LEE, WAYNE
 STREET ADDRESS: 5101 NW 21 AVE, SUITE 440
 CITY-ST-ZIP: FT. LAUDERDALE FL 33309

TITLE: S/D Change Addition
 NAME: Linda Cox, M.D.
 STREET ADDRESS: 5101 NW 21st Ave. Ste 440
 CITY-ST-ZIP: Ft. Lauderdale, FL 33309

TITLE: D Delete
 NAME: PALAMARA, ARTHUR
 STREET ADDRESS: 5101 NW 21 AVE., SUITE 440
 CITY-ST-ZIP: FT. LAUDERDALE FL 33309

TITLE: _____ Change Addition
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

TITLE: D/T Delete
 NAME: MENDELSON, ALAN M.D.
 STREET ADDRESS: 5101 NW 21 AVE., SUITE 440
 CITY-ST-ZIP: FT. LAUDERDALE FL

TITLE: D Change Addition
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

TITLE: VP/D Delete
 NAME: HAMILTON, EDWIN M.D.
 STREET ADDRESS: 5101 NW 21 AVE., SUITE 440
 CITY-ST-ZIP: FT. LAUDERDALE FL 33309

TITLE: P/D Change 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: *[Signature]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-2-01 954-714-9477
 Date Daytime Phone #

CR2E037 (10/00)

- 65234



DO NOT WRITE IN THIS SPACE