

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 14, 2002 8:00 am**  
**Secretary of State**

05-14-2002 90096 001 \*\*\*367.50

**DOCUMENT # N26889**

1. Entity Name

**HOWARD 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

Zip

Country

Zip

Country

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	<b>VPD</b>	<input type="checkbox"/> Delete
NAME	<b>ROUTMAN, ALAN M.D.</b>	
STREET ADDRESS	<b>5101 NW 21 AVE SUITE. 440</b>	
CITY-ST-ZIP	<b>FT. LAUDERDALE FL 33309</b>	
TITLE	<b>TD</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>EL SANADI, NABIL MD</b>	
STREET ADDRESS	<b>5101 NW 21 AVE. SUITE 440</b>	
CITY-ST-ZIP	<b>FT. LAUDERDALE FL 33309</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> Delete
NAME	<b>COX, LINDA MD</b>	
STREET ADDRESS	<b>5101 NW 21 AVE, SUITE 440</b>	
CITY-ST-ZIP	<b>FT. LAUDERDALE FL 33309</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>PALAMARA, ARTHUR</b>	
STREET ADDRESS	<b>5101 NW 21 AVE., SUITE 440</b>	
CITY-ST-ZIP	<b>FT. LAUDERDALE FL 33309</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>MENDELSON, ALAN M.D.</b>	
STREET ADDRESS	<b>5101 NW 21 AVE., SUITE 440</b>	
CITY-ST-ZIP	<b>FORT LAUDERDALE FL 33309</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>HAMILTON, EDWIN M.D.</b>	
STREET ADDRESS	<b>5101 NW 21 AVE., SUITE 440</b>	
CITY-ST-ZIP	<b>FT. LAUDERDALE FL 33309</b>	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>MARK S. Grenitz, M.D.</b>	
STREET ADDRESS	<b>5101 NW 21st Ave, Ste 440</b>	
CITY-ST-ZIP	<b>Ft. Lauderdale, FL 33309</b>	
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: Edwin M. D. Hamilton, M.D. 5-02-02 954-914-9772

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/01)