

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

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

CR2E037 (9/01)

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

Date

Telephone Number