


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 03, 2007 8:00 am**  
**Secretary of State**

04-03-2007 90009 014 \*\*\*\*61.25

**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**

40048813



2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

04012007 Chg-NP CR2E037 (12/06)

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. I am familiar with, and accept the obligations of registered agent.

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

**Filing Fee is \$61.25 Due by May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make check payable to Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROUTMAN, ALAN M.D. <input type="checkbox"/> Delete 5101 NW 21 AVE SUITE 440 FT. LAUDERDALE, FL 33309	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GIFFLER, RONALD F MD <input checked="" type="checkbox"/> Delete 5101 NW 21 AVE. SUITE 440 FT. LAUDERDALE, FL 33309	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <i>P/D Michael Weston, M.D. 5101 NW 21st Ave, Suite 440 Ft. Lauderdale, FL 33309</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COX, LINDA MD <input type="checkbox"/> Delete 5101 NW 21 AVE. SUITE 440 FT. LAUDERDALE, FL 33309	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PALAMARA, ARTHUR <input type="checkbox"/> Delete 5101 NW 21 AVE., SUITE 440 FT. LAUDERDALE, FL 33309	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAMILTON, EDWIN M.D. <input type="checkbox"/> Delete 5101 NW 21 AVE., SUITE 440 FT. LAUDERDALE, FL 33309	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:**  **4-1-2007 954-714-9772**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #