

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N26889

FILED
Apr 30, 2011
Secretary of State

Entity Name: BROWARD COUNTY MEDICAL ASSOCIATION, INC.

Current Principal Place of Business:

5101 NW 21 AVE
S-440
FT. LAUDERDALE, FL 33309 US

New Principal Place of Business:

5101 NW 21 AVE
S-450
FT. LAUDERDALE, FL 33309 US

Current Mailing Address:

5101 NW 21 AVE
S-440
FT. LAUDERDALE, FL 33309 US

New Mailing Address:

5101 NW 21 AVE
S-450
FT. LAUDERDALE, FL 33309 US

FEI Number: 59-0834012

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

CYNTHIA PETERSON
5101 NW 21 AVENUE
SUITE S-450
FT. LAUDERDALE, FL 33309 US

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:

04/30/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D
Name: PRIETO, TONY M.D.
Address: 5101 NW 21 AVE SUITE 450
City-St-Zip: FT. LAUDERDALE, FL 33309

Title: D
Name: STEINMAN, RICHARD M.D.
Address: 5101 NW 21 AVE. SUITE 450
City-St-Zip: FT. LAUDERDALE, FL 33309

Title: D
Name: CHANDRAN, KUTTY MD
Address: 5101 NW 21 AVE, SUITE 450
City-St-Zip: FT. LAUDERDALE, FL 33309

Title: PD
Name: ELKIN, AARON MD
Address: 5101 NW 21 AVE., SUITE 450
City-St-Zip: FT. LAUDERDALE, FL 33309

Title: D
Name: WALLACE, DANA MD
Address: 5101 NW 21 AVE., SUITE 450
City-St-Zip: FT. LAUDERDALE, FL 33309

Title: D
Name: FLATEN, PAUL M.D.
Address: 5101 NW 21ST AVE. SUITE 450
City-St-Zip: FT. LAUDERDALE, FL 33309

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: AARON ELKIN, M.D.

PD

04/30/2011

Electronic Signature of Signing Officer or Director

Date