

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**


FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90330 004 ****61.25

00011000

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**

11030447



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

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

**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)

FILE NOW: FEE IS \$61.25

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD ROUTMAN, ALAN M.D. 5101 NW 21 AVE SUITE 440 FT. LAUDERDALE FL 33309	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRENITZ, MARK S MD 5101 NW 21 AVE. SUITE 440 FT. LAUDERDALE FL 33309	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD COX, LINDA MD 5101 NW 21 AVE, SUITE 440 FT. LAUDERDALE FL 33309	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PALAMARA, ARTHUR 5101 NW 21 AVE., SUITE 440 FT. LAUDERDALE FL 33309	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HAMILTON, EDWIN M.D. 5101 NW 21 AVE., SUITE 440 FT. LAUDERDALE FL 33309	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D Alan Routman Alan M.D. 5101 NW 21st Ave Ste 440 Ft. Lauderdale FL 33309	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/D Grenitz, Mark S.M.D. 5101 NW 21 Ave, Ste 440 Ft. Lauderdale, FL 33309	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PE/D COX LINDA M.D. 5101 NW 21 AVE, STE 440 FT. Lauderdale, FL 33309	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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. 5101 N.W. 21 Ave, Ste 440 Ft. Lauderdale FL 33309	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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 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]* **REQUIRED**

4-29-03 954-714-9772

CR2E037 (10/02)