
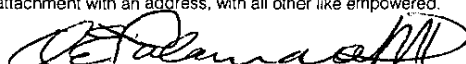


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90378 001 ***306.25

DOCUMENT # N98000000917					
1. Entity Name BROWARD COUNTY MEDICAL ASSOCIATION CARE GROUP, INC.					
Principal Place of Business 5101 NW 21ST AVE, STE 440 FORT LAUDERDALE, FL 33309		Mailing Address 5101 NW 21ST AVE, STE 440 FORT LAUDERDALE, FL 33309			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	04262004 Chg-NP CR2E037 (10/03)	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
PETERSON, CYNTHIA S 5101 NW 21ST AVE, STE 440 FORT LAUDERDALE, FL 33309			Name Street Address (P.O. Box Number is Not Acceptable) City		
			State: 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 _____					
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PALAMARA, ARTHUR		NAME	<i>PD</i>	
STREET ADDRESS	3850 HOLLYWOOD BLVD., #302		STREET ADDRESS		
CITY-ST-ZIP	HOLLYWOOD, FL 33021		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CALHOUN, CHESTER		NAME		
STREET ADDRESS	219 NW 75TH TERR		STREET ADDRESS		
CITY-ST-ZIP	PLANTATION, FL 33317		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	EBERLY, ARTHUR		NAME		
STREET ADDRESS	3701 NE 30TH AVE		STREET ADDRESS		
CITY-ST-ZIP	LIGHTHOUSE POINT, FL 33064		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FLATEN, PAUL		NAME		
STREET ADDRESS	1841 NE 45TH ST		STREET ADDRESS		
CITY-ST-ZIP	FORT LAUDERDALE, FL 33308		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GIFFLER, RONALD		NAME		
STREET ADDRESS	5757 N DIXIE HWY		STREET ADDRESS		
CITY-ST-ZIP	FORT LAUDERDALE, FL 33334		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HAMILTON, EDWIN		NAME		
STREET ADDRESS	2323 NW 19TH ST., #2		STREET ADDRESS		
CITY-ST-ZIP	FORT LAUDERDALE, FL 33311		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: 			Date: 4-26-04 954-714-9772		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		