

2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N98000000917

FILED
Sep 19, 2005
Secretary of State

Entity Name: BROWARD COUNTY MEDICAL ASSOCIATION CARE GROUP, INC.

Current Principal Place of Business:

5101 NW 21ST AVE, STE 440
FORT LAUDERDALE, FL 33309

New Principal Place of Business:

Current Mailing Address:

5101 NW 21ST AVE, STE 440
FORT LAUDERDALE, FL 33309

New Mailing Address:

FEI Number: 65-0806566 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

PETERSON, CYNTHIA S
5101 NW 21ST AVE, STE 440
FORT LAUDERDALE, FL 33309 US

Name and Address of New Registered Agent:

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: CYNTHIA PETERSON

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: PALAMARA, ARTHUR
Address: 3850 HOLLYWOOD BLVD., #302
City-St-Zip: HOLLYWOOD, FL 33021

Title: D () Delete
Name: EBERLY, ARTHUR
Address: 3701 NE 30TH AVE
City-St-Zip: LIGHTHOUSE POINT, FL 33064

Title: D () Delete
Name: FLATEN, PAUL
Address: 1841 NE 45TH ST
City-St-Zip: FORT LAUDERDALE, FL 33308

Title: D () Delete
Name: GIFFLER, RONALD
Address: 5757 N DIXIE HWY
City-St-Zip: FORT LAUDERDALE, FL 33334

Title: D () Delete
Name: HAMILTON, EDWIN
Address: 2323 NW 19TH ST., #2
City-St-Zip: FORT LAUDERDALE, FL 33311

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: A. E. PALAMARA, M.D.

D

09/19/2005

Electronic Signature of Signing Officer or Director

Date