

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000000917

FILED  
Apr 28, 2009  
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 ( )

**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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

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

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

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

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

Title: D      ( ) Delete  
Name: HAMILTON, EDWIN MD  
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: D      (X) Change ( ) Addition  
Name: PRIETO, TONY MD  
Address: 5101 NW 21ST AVENUE  
City-St-Zip: FORT LAUDERDALE, FL 33309

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 exemption stated 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 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: ARTHUR PALAMARA, M.D.

PD

04/28/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date