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APPROVAL  
AND  
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99 MAR 29 PM 4: 08

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

01-29-1999 90006 040

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N98000000967

1. Corporation Name

BROWARD COUNTY MEDICAL ASSOCIATION PHYSICIAN/EMP  
LOYEES PROVIDER PLAN, INC.

Principal Place of Business

5101 N.W. 21ST AVE. STE. 440  
FT. LAUDERDALE FL 33309

Mailing Address

5101 N.W. 21ST AVE. STE. 440  
FT. LAUDERDALE FL 33309



21 Principal Place of Business		26 Mailing Address		3 Date Incorporated or Qualified 02/17/1998	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4 FEI Number 65-0812616	
23 City & State		28 City & State		5 Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24 Zip		29 Zip		6 Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
25 Country		30 Country			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
PETERSON, CYNTHIA S 5101 N.W. 21ST AVE. STE. 440 FT. LAUDERDALE FL 33309				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				85 Zip Code			

11. Pursuant to the provisions of Sections 617.0502 and 617.1506, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when relevant.)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input type="checkbox"/> DELETE		1.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PALANORA, ARTHUR			1.2 NAME			
STREET ADDRESS	3850 HOLLYWOOD BLVD, #302			1.3 STREET ADDRESS			
CITY-ST-ZIP	HOLLYWOOD FL 33021			1.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CALMOUR, CHESTER			2.2 NAME			
STREET ADDRESS	219 NW 75TH TERRACE			2.3 STREET ADDRESS			
CITY-ST-ZIP	PLANTATION FL 33317			2.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	EBERLY, ARTHUR			3.2 NAME			
STREET ADDRESS	3701 NE 30TH AVE.			3.3 STREET ADDRESS			
CITY-ST-ZIP	LIGHTHOUSE POINT FL 33064			3.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	FLATEN, PAUL			4.2 NAME			
STREET ADDRESS	1641 NE 45TH ST.			4.3 STREET ADDRESS			
CITY-ST-ZIP	FT. LAUDERDALE FL 33308			4.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GIFFLER, RONALD			5.2 NAME			
STREET ADDRESS	5757 N. DIXIE HWY			5.3 STREET ADDRESS			
CITY-ST-ZIP	FT. LAUDERDALE FL 33334			5.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HAMILTON, EDWIN			6.2 NAME			
STREET ADDRESS	2323 NW 19TH ST., #2			6.3 STREET ADDRESS			
CITY-ST-ZIP	FT. LAUDERDALE FL 33311			6.4 CITY-ST-ZIP			

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] REQUIRED  
 DATE: 1-13-99 TIME: 954-714-9477

CORP 617 (1/98)