

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000000967

1. Entity Name

BROWARD COUNTY MEDICAL ASSOCIATION PHYSICIAN/EMP

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90186 047 ****61.25

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 33309-2731
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 65-0812616	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
PETERSON, CYNTHIA S 5101 N.W. 21ST AVE.,STE.440 FT. LAUDERDALE FL 33309				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.

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

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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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			
STREET ADDRESS	3850 HOLLYWOOD BLVD.,#302			STREET ADDRESS			
CITY-ST-ZIP	HOLLYWOOD FL 33021			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CALHOUN, CHESTER			NAME			
STREET ADDRESS	219 NW 75TH TERRACE			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	FT. 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	FT. 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	FT. 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: *Arthur Palamara* **RECEIVED** *Arthur Palamara* 4/26/00 954-714-947
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR: ED:17 (9/98)