

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 14, 2002 8:00 am**  
**Secretary of State**

05-14-2002 90096 001 \*\*\*367.50

**DOCUMENT # N98000000967**

1. Entity Name

**BROWARD COUNTY MEDICAL ASSOCIATION PHYSICIAN/EMPLOYEES PROVIDER PLAN, INC.**

Principal Place of Business

Mailing Address

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

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-0812616**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$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.

**\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                |                                   |                                 |
|----------------|-----------------------------------|---------------------------------|
| TITLE          | <b>D</b>                          | <input type="checkbox"/> Delete |
| NAME           | <b>PALAMARA, ARTHUR</b>           |                                 |
| STREET ADDRESS | <b>3850 HOLLYWOOD BLVD., #302</b> |                                 |
| CITY-ST-ZIP    | <b>HOLLYWOOD FL 33021</b>         |                                 |
| TITLE          | <b>D</b>                          | <input type="checkbox"/> Delete |
| NAME           | <b>CALHOUN, CHESTER</b>           |                                 |
| STREET ADDRESS | <b>219 NW 75TH TERRACE</b>        |                                 |
| CITY-ST-ZIP    | <b>PLANTATION FL 33317</b>        |                                 |
| TITLE          | <b>D</b>                          | <input type="checkbox"/> Delete |
| NAME           | <b>EBERLY, ARTHUR</b>             |                                 |
| STREET ADDRESS | <b>3701 NE 30TH AVE.</b>          |                                 |
| CITY-ST-ZIP    | <b>LIGHTHOUSE POINT FL 33064</b>  |                                 |
| TITLE          | <b>D</b>                          | <input type="checkbox"/> Delete |
| NAME           | <b>FLATEN, PAUL</b>               |                                 |
| STREET ADDRESS | <b>1841 NE 45TH ST.</b>           |                                 |
| CITY-ST-ZIP    | <b>FT. LAUDERDALE FL 33308</b>    |                                 |
| TITLE          | <b>D</b>                          | <input type="checkbox"/> Delete |
| NAME           | <b>GIFFLER, RONALD</b>            |                                 |
| STREET ADDRESS | <b>5757 N. DIXIE HWY</b>          |                                 |
| CITY-ST-ZIP    | <b>FT. LAUDERDALE FL 33334</b>    |                                 |
| TITLE          | <b>D</b>                          | <input type="checkbox"/> Delete |
| NAME           | <b>HAMILTON, EDWIN</b>            |                                 |
| STREET ADDRESS | <b>2323 NW 19TH ST., #2</b>       |                                 |
| CITY-ST-ZIP    | <b>FT. LAUDERDALE FL 33311</b>    |                                 |

|                |  |   |
|----------------|--|---|
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |

CR2E037 (9/01)

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: Edwin Hamilton, M.D. 5-02-02 954-714-9772

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date