


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2007 8:00 am
Secretary of State

04-03-2007 90009 010 ****61.25

DOCUMENT # N98000000967

1. Entity Name
**BROWARD COUNTY MEDICAL ASSOCIATION
 PHYSICIAN/EMPLOYEES 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
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DO NOT WRITE IN THIS SPACE



04012007 No Chg-NP CR2E037 (4/06)

4. FEI Number 65-0812616	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

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

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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
 Due by May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PALAMARA, ARTHUR 3850 HOLLYWOOD BLVD.,#302 HOLLYWOOD, FL 33021
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EBERLY, ARTHUR 3701 NE 30TH AVE. LIGHTHOUSE POINT, FL 33064
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FLATEN, PAUL 1841 NE 45TH ST. FT. LAUDERDALE, FL 33308
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GIFFLER, RONALD 5757 N. DIXIE HWY FT. LAUDERDALE, FL 33334
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAMILTON, EDWIN 2323 NW 19TH ST.,#2 FT. LAUDERDALE, FL 33311
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: 
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-1-2007 954-714-9772
 Date Daytime Phone #