

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED  
Apr 25, 2008  
Secretary of State

DOCUMENT# N98000000967

Entity Name: BROWARD COUNTY MEDICAL ASSOCIATION PHYSICIAN/EMPLOYEES PROVIDER PLAN, INC.

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

FEI Number: 65-0812616      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

PETERSON, CYNTHIA S  
5101 N.W. 21ST AVE., STE.440  
FT. 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  
Address: 3850 HOLLYWOOD BLVD.,#302  
City-St-Zip: HOLLYWOOD, FL 33021

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

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

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

Title: D      ( ) Delete  
Name: HAMILTON, EDWIN  
Address: 2323 NW 19TH ST.,#2  
City-St-Zip: FT. LAUDERDALE, FL 33311

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D      (X) Change ( ) Addition  
Name: EBERLY, ARTHUR  
Address: 3125 NE 48TH COURT, #124  
City-St-Zip: LIGHTHOUSE POINT, FL 33064

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: CYNTHIA S. PETERSON

RA

04/25/2008

Electronic Signature of Signing Officer or Director

Date