

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2009
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: 3125 NE 48TH COURT, #124
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: PRIETO, TONY
Address: 5101 NW 21ST AVENUE
City-St-Zip: FORT LAUDERDALE, FL 33309

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: ARTHUR PALAMARA, M.D.

PD

04/28/2009

Electronic Signature of Signing Officer or Director

_____ Date