

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
May 10, 2010
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 ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

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

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
Name: PALAMARA, ARTHUR
Address: 3850 HOLLYWOOD BLVD.,#302
City-St-Zip: HOLLYWOOD, FL 33021

Title: D
Name: PRIETO, TONY
Address: 5101 NW 21ST AVENUE
City-St-Zip: FORT LAUDERDALE, FL 33309

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

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

I hereby 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 all other like empowered.

SIGNATURE: ARTHUR PALAMARA, M.D.

PD

05/10/2010

_____ Electronic Signature of Signing Officer or Director

_____ Date