

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 723202

Entity Name: BROWARD PHYSICIANS' FOUNDATION, INC

Current Principal Place of Business:

5101 NW 21 AVE
SUITE 510
FT. LAUDERDALE, FL 33309

Current Mailing Address:

5101 NW 21 AVE
SUITE 510
FT. LAUDERDALE, FL 33309 US

FEI Number: 59-1443675

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PETERSON, CYNTHIA S
5101 NW 21ST AVE
SUITE 510
FORT 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

Officer/Director Detail :

Title PD
Name PALAMARA, ARTHUR EMD
Address 5101 NW 21ST AVE
SUITE 510
City-State-Zip: FT LAUDERDALE FL 33309

Title DIRECTOR
Name ELKIN, AARON
Address 5101 NW 21 AVE
SUITE 510
City-State-Zip: FT. LAUDERDALE FL 33309

Title DIRECTOR
Name BERENS, ABRAM
Address 5101 NW 21 AVE
SUITE 510
City-State-Zip: FT. LAUDERDALE FL 33309

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, MD

PRESIDENT

04/30/2024

Electronic Signature of Signing Officer/Director Detail

Date