

2021 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 S-450
FT. LAUDERDALE, FL 33309**Current Mailing Address:**5101 NW 21 AVE
SUITE S-450
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 S-450
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	D
Name	HAMILTON, EDWIN MD
Address	5101 NW 21ST AVE. STE 450
City-State-Zip:	FORT LAUDERDALE FL 33309

Title	DIRECTOR
Name	ELKIN, AARON
Address	5101 NW 21 AVE SUITE S-450
City-State-Zip:	FT. LAUDERDALE FL 33309

Title	PD
Name	PALAMARA, ARTHUR EMD
Address	1150 N. 35TH AVENUE SUITE 460
City-State-Zip:	HOLLYWOOD FL 33021

Title	DIRECTOR
Name	BERENS, ABRAM
Address	5101 NW 21 AVE SUITE S-450
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 E. PALAMARA, MD**PRESIDENT****04/26/2021**

Electronic Signature of Signing Officer/Director Detail

Date