

2017 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 D
Name SPIER, NIGEL AMD
Address 5101 NW 21ST AVENUE, STE 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 D
Name COX, LINDA MD
Address 5333 N. DIXIE HWY, #210
City-State-Zip: FT LAUDERDALE FL 33334

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.

PRESIDENT

04/28/2017

Electronic Signature of Signing Officer/Director Detail

Date