

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N18000005239

**FILED  
Jul 19, 2020  
Secretary of State  
2981275032CC**

**Entity Name:** BROWARD MEDICAL STAFF ASSOCIATES, INC.

**Current Principal Place of Business:**

HOLY CROSS HOSPITAL MEDICAL STAFF OFFICE  
4725 NORTH FEDERAL HIGHWAY  
FORT LAUDERDALE, FL 33308

**Current Mailing Address:**

HOLY CROSS HOSPITAL MEDICAL STAFF OFFICE  
4725 NORTH FEDERAL HIGHWAY  
FORT LAUDERDALE, FL 33308 US

**FEI Number: 83-1060736**

**Certificate of Status Desired: Yes**

**Name and Address of Current Registered Agent:**

LEVENSTEIN, RICHARD H  
NASONYEAGER  
3001 PGA BOULEVARD SUITE 305  
PALM BEACH GARDENS, FL 33410 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 P  
Name KOTLER, JON M.D.  
Address MEDICAL STAFF OFFICE(HCH)  
4725 NORTH FEDERAL HIGHWAY  
City-State-Zip: FORT LAUDERDALE FL 33308

Title PP  
Name BARRERAS, LUIS M.D.  
Address 6405 NORTH FEDERAL HIGHWAY  
City-State-Zip: FORT LAUDERDALE FL 33308

Title ST  
Name CUNHA, JOHN MD  
Address 2221 NE 43RD STREET  
City-State-Zip: LIGHTHOUSE POINT FL 33064

*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: JON KOTLER**

**PRESIDENT**

**07/19/2020**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date