

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N26889

**Entity Name:** BROWARD COUNTY MEDICAL ASSOCIATION, INC.

**FILED**  
**Apr 28, 2014**  
**Secretary of State**  
**CC6228663459**

**Current Principal Place of Business:**

5101 NW 21 AVE  
S-450  
FT. LAUDERDALE, FL 33309

**Current Mailing Address:**

5101 NW 21 AVE  
S-450  
FT. LAUDERDALE, FL 33309 US

**FEI Number: 59-0834012**

**Certificate of Status Desired: No**

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

CYNTHIA PETERSON  
5101 NW 21 AVENUE  
SUITE S-450  
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

**Officer/Director Detail :**

Title            PRESIDENT ELECT  
Name            SILVERMAN, SANFORD M.D.  
Address        5101 NW 21 AVE SUITE 450  
City-State-Zip: FT. LAUDERDALE FL 33309

Title            PRESIDENT  
Name            STEINMAN, RICHARD M.D.  
Address        5101 NW 21 AVE. SUITE 450  
City-State-Zip: FT. LAUDERDALE FL 33309

Title            VICE PRESIDENT  
Name            PERLOFF, DAVID M.D.  
Address        5101 NW 21 AVE, SUITE 450  
City-State-Zip: FT. LAUDERDALE FL 33309

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

Title            TREASURER  
Name            ZAGHA, RALPH M.D.  
Address        5101 NW 21 AVE., SUITE 450  
City-State-Zip: FT. LAUDERDALE FL 33309

Title            SECRETARY  
Name            PEVSNER, RAMSEY D.O.  
Address        5101 NW 21ST AVE. SUITE 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: RALPH ZAGHA, M.D.**

**TREASURER**

**04/28/2014**

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

\_\_\_\_\_  
Date