

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N26889

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

**FILED**  
**Apr 30, 2024**  
**Secretary of State**  
**8012921375CC**

**Current Principal Place of Business:**

5101 NW 21 AVE  
S-510  
FT. LAUDERDALE, FL 33309

**Current Mailing Address:**

5101 NW 21 AVE  
S-510  
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-510  
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 DIRECTOR  
Name FATTEH, SHAHNAZ M.D.  
Address 5101 NW 21 AVE. SUITE 510  
City-State-Zip: FT. LAUDERDALE FL 33309

Title DIRECTOR  
Name ZAGHA, RALPH M.D.  
Address 5101 NW 21 AVE, SUITE 510  
City-State-Zip: FT. LAUDERDALE FL 33309

Title D  
Name CHANDRAN, KUTTY M.D.  
Address 5101 NW 21 AVE., SUITE 510  
City-State-Zip: FT. LAUDERDALE FL 33309

Title DIRECTOR  
Name FERNANDEZ, VANIA E. M.D.  
Address 5101 NW 21 AVE  
S-510  
City-State-Zip: FT. LAUDERDALE FL 33309

Title DIRECTOR  
Name KENIGSBERG, DAVID M.D.  
Address 5101 NW 21ST AVE. SUITE 510  
City-State-Zip: FT. LAUDERDALE FL 33309

Title PRESIDENT  
Name WONG, ANTONIO M.D.  
Address 5101 NW 21 AVE  
S-510  
City-State-Zip: FT. LAUDERDALE FL 33309

Title DIRECTOR  
Name BERENS, ABRAM S MD  
Address 5101 NW 21ST AVENUE  
SUITE510  
City-State-Zip: FORT 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: ANTONIO WONG, MD**

**04/30/2024**

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

\_\_\_\_\_  
Date