

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