

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N26889

FILED
May 15, 2013
Secretary of State
CC0263184835

Entity Name: BROWARD COUNTY MEDICAL ASSOCIATION, INC.

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 D
Name PRIETO, TONY M.D.
Address 5101 NW 21 AVE SUITE 450
City-State-Zip: FT. LAUDERDALE FL 33309

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

Title PD
Name CHANDRAN, KUTTY MD
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 D
Name WALLACE, DANA MD
Address 5101 NW 21 AVE., SUITE 450
City-State-Zip: FT. LAUDERDALE FL 33309

Title D
Name FLATEN, PAUL M.D.
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: TONY PRIETO, M.D.

DIRECTOR

05/15/2013

Electronic Signature of Signing Officer/Director Detail

Date