2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N26889

Entity Name: BROWARD COUNTY MEDICAL ASSOCIATION, INC.

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

Name and Address of Current Registered Agent:

CYNTHIA PETERSON 5101 NW 21 AVENUE SUITE S-510 FT. LAUDERDALE, FL 33309 US Certificate of Status Desired: No

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

Officer/Director Detail :

	Title	DIRECTOR	Title	DIRECTOR
	Name	FATTEH, SHAHNAZ M.D.	Name	ZAGHA, RALPH M.D.
	Address	5101 NW 21 AVE. SUITE 510	Address	5101 NW 21 AVE, SUITE 510
	City-State-Zip:	FT. LAUDERDALE FL 33309	City-State-Zip:	FT. LAUDERDALE FL 33309
	Title	D	Title	DIRECTOR
	Name	CHANDRAN, KUTTY M.D.	Name	FERNANDEZ, VANIA E. M.D.
	Address	5101 NW 21 AVE., SUITE 510	Address	5101 NW 21 AVE S-510
	City-State-Zip:	FT. LAUDERDALE FL 33309	City-State-Zip:	FT. LAUDERDALE FL 33309
	Title	DIRECTOR	Title	PRESIDENT
	Name	KENIGSBERG, DAVID M.D.	Name	WONG, ANTONIO M.D.
	Address	5101 NW 21ST AVE. SUITE 510	Address	5101 NW 21 AVE
	City-State-Zip:	FT. LAUDERDALE FL 33309	Citv-State-Zip:	S-510 FT. LAUDERDALE FL 33309
	Title	DIRECTOR	City-State-Zip.	TT. EAODERDALE TE 55505
	Name	BERENS, ABRAM S MD	Title	DIRECTOR
	Address	5101 NW 21ST AVENUE	Name	CHEANVECHIA, VASANA M.D.
	City-State-Zip:	SUITE510 FORT LAUDERDALE FL 33309	Address	5101 NW 21 AVE S-510
	ony onate zip.		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.

PRESIDENT

SIGNATURE: ANTONIO WONG, M.D.

Electronic Signature of Signing Officer/Director Detail

FILED Apr 07, 2023 Secretary of State 0990738428CC

Date

04/07/2023

Date