

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N26889

**FILED**  
**Apr 26, 2021**  
**Secretary of State**  
**6414269040CC**

**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 DIRECTOR  
Name PERLOFF, DAVID E. M.D.  
Address 5101 NW 21 AVE SUITE 450  
City-State-Zip: FT. LAUDERDALE FL 33309

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

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

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

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

Title DIRECTOR  
Name KENIGSBURG, DAVID M.D.  
Address 5101 NW 21ST AVE. SUITE 450  
City-State-Zip: FT. LAUDERDALE FL 33309

Title TREASURER  
Name WONG, ANTONIO M.D.  
Address 5101 NW 21ST AVENUE  
SUITE 450  
City-State-Zip: FORT LAUDERDALE FL 33309

Title PRESIDENT  
Name BERENS, ABRAM S MD  
Address 5101 NW 21ST AVENUE  
SUITE 450  
City-State-Zip: FORT LAUDERDALE FL 33309

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*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: ABRAM BERENS, M.D.**

**PRESIDENT**

**04/26/2021**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title SECRETARY  
Name CHEANVECHIA, VASANA M.D.  
Address 5101 NW 21ST AVENUE  
SUITE 450  
City-State-Zip: FORT LAUDERDALE FL 33309