

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000000967

Entity Name: BROWARD COUNTY MEDICAL ASSOCIATION
PHYSICIAN/EMPLOYEES PROVIDER PLAN, INC.

FILED
Apr 30, 2015
Secretary of State
CC1897591836

Current Principal Place of Business:

5101 N.W. 21ST AVE.,STE.450
FT. LAUDERDALE, FL 33309

Current Mailing Address:

5101 N.W. 21ST AVE.,STE.450
FT. LAUDERDALE, FL 33309

FEI Number: 65-0812616

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PETERSON, CYNTHIA S
5101 N.W. 21ST AVE.,STE.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 PD
Name PALAMARA, ARTHUR
Address 3850 HOLLYWOOD BLVD.,#302
City-State-Zip: HOLLYWOOD FL 33021

Title D
Name PRIETO, TONY
Address 5101 NW 21ST AVENUE STE 450
City-State-Zip: FORT LAUDERDALE FL 33309

Title D
Name FLATEN, PAUL
Address 1841 NE 45TH ST.
City-State-Zip: FT. LAUDERDALE FL 33308

Title D
Name HAMILTON, EDWIN
Address 2323 NW 19TH ST #2
City-State-Zip: FT. LAUDERDALE FL 33311

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: ARTHUR PALAMARA, M.D.

PRESIDENT

04/30/2015

Electronic Signature of Signing Officer/Director Detail

Date