

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Apr 26, 2021
Secretary of State
8985233221CC

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

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 1150 N. 35TH AVENUE
SUITE 460
City-State-Zip: HOLLYWOOD FL 33021

Title D
Name ELKIN, AARON M.D.
Address 5101 NW 21ST AVENUE STE 450
City-State-Zip: FORT LAUDERDALE FL 33309

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

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, MD

PRESIDENT

04/26/2021

Electronic Signature of Signing Officer/Director Detail

Date