

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000000967

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

FILED
Apr 07, 2023
Secretary of State
8781821748CC

Current Principal Place of Business:

5101 N.W. 21ST AVE.
STE 510
FT. LAUDERDALE, FL 33309

Current Mailing Address:

5101 N.W. 21ST AVE.
STE 510
FT. LAUDERDALE, FL 33309 US

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 510
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 510
City-State-Zip: FORT LAUDERDALE FL 33309

Title D
Name CHANDRAN, KUTTY
Address 5101 NW 21ST AVENUE
SUITE 510
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: ARTHUR PALAMARA, M.D.

PRESIDENT

04/07/2023

Electronic Signature of Signing Officer/Director Detail

Date