

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000000967

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

FILED
May 03, 2018
Secretary of State
CC2497609910

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

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

05/03/2018

Electronic Signature of Signing Officer/Director Detail

Date