

2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P12000030120

Entity Name: GREATER BROWARD EMS MEDICAL DIRECTORS' ASSOCIATION, INC.**Current Principal Place of Business:**2856 NE 36TH STREET
FT. LAUDERDALE, FL 33308**Current Mailing Address:**2856 NE 36TH STREET
FT. LAUDERDALE, FL 33308 US**FEI Number: 46-4088031****Certificate of Status Desired: Yes****Name and Address of Current Registered Agent:**LEE, WAYNE MD
2856 NE 36TH STREET
FT. LAUDERDALE, FL 33308 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	PRESIDENT
Name	ANTEVY, PETER MD
Address	1440 LANTANA COURT
City-State-Zip:	WESTON FL 33326

Title	TREASURER
Name	LEE, WAYNE MD
Address	2856 NE 36TH STREET
City-State-Zip:	FT. LAUDERDALE FL 33308

Title	VP
Name	GANDIA, ANTONIO MD
Address	11227 NW 68TH PLACE
City-State-Zip:	PARKLAND FL 33076

Title	SECRETARY
Name	PALEY, RICHARD MD
Address	6198 NW 23RD ROAD
City-State-Zip:	BOCA RATON FL 33434

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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: WAYNE LEE, MD**TREASURER****03/11/2018**_____
Electronic Signature of Signing Officer/Director Detail_____
Date