

FILE NOW: FILING FEE IS \$61.25

FILED

Jun 05 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N14656** (5)
1. Corporation Name
BROWARD COUNTY MEDICAL ASSOCIATION ALLIANCE, INC



Principal Place of Business 5101 NW 21 AVE SUITE #440 FT. LAUDERDALE FL 33309		Mailing Address 5101 NW 21 AVE SUITE #440 FT. LAUDERDALE FL 33309		3. Date Incorporated or Qualified 04/29/1986
2. Principal Place of Business 21		2a. Mailing Address 26		4. FEI Number 59-2456382
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
City & State 23		City & State 28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
Zip 24	Country 25	Zip 29	Country 30	7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No				

9. Name and Address of Current Registered Agent PETERSON, CYNTHIA S 5101 NW 21 AVE SUITE 440 FT. LAUDERDALE FL 33309		10. Name and Address of New Registered Agent	
		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	85 Zip Code FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE		Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)		DATE	
12. OFFICERS AND DIRECTORS					
TITLE	VD	<input checked="" type="checkbox"/> DELETE			
NAME	COHEN, ELLEN				
STREET ADDRESS	480 ALEXANDER CIRCLE				
CITY-ST-ZIP	FT LAUDERDALE FL 33326-3308				
TITLE	TD	<input type="checkbox"/> DELETE			
NAME	RUSO, BETSY				
STREET ADDRESS	2656 NE 37TH DR				
CITY-ST-ZIP	FT LAUDERDALE FL 33308				
TITLE	VD	<input type="checkbox"/> DELETE			
NAME	MARCUS, ROCHELLE				
STREET ADDRESS	8058 NW 71ST TERRACE				
CITY-ST-ZIP	PARKLAND FL 33067				
TITLE	SD	<input checked="" type="checkbox"/> DELETE			
NAME	FAUER, LINDA				
STREET ADDRESS	701 INTRACOASTAL DRIVE				
CITY-ST-ZIP	FT LAUDERDALE FL 33304				
TITLE	SD	<input checked="" type="checkbox"/> DELETE			
NAME	KLOEP, GERTRUDE				
STREET ADDRESS	3041 NE 23RD AVE				
CITY-ST-ZIP	LIGHTHOUSE POINT FL 33064				
TITLE	PD	<input checked="" type="checkbox"/> DELETE			
NAME	PALMA, LYNNE				
STREET ADDRESS	2710 NE 40TH ST				
CITY-ST-ZIP	FT LAUDERDALE FL 33308				
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
1.2 NAME					
1.3 STREET ADDRESS					
1.4 CITY-ST-ZIP					
2.1 TITLE	President - D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
2.2 NAME	Russo, Betsy				
2.3 STREET ADDRESS	2656 N.E. 37th Dr.				
2.4 CITY-ST-ZIP	FT. Lauderdale, FL. 33308				
3.1 TITLE	President - elect - D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
3.2 NAME	marcus, Rochelle				
3.3 STREET ADDRESS	6058 NW 71st Terrace				
3.4 CITY-ST-ZIP	Parkland, FL. 33067				
4.1 TITLE	Vice President - D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
4.2 NAME	Aileen Kirzner				
4.3 STREET ADDRESS	760 NW 101st Terrace				
4.4 CITY-ST-ZIP	PLANTATION, FL. 33324				
5.1 TITLE	Treasurer - D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
5.2 NAME	LYNN Buhler				
5.3 STREET ADDRESS	2705 Walkers Way				
5.4 CITY-ST-ZIP	Weston, FL. 33331				
6.1 TITLE	Recording Secretary - D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
6.2 NAME	Joan Ast				
6.3 STREET ADDRESS	6180 SW. 51st Court				
6.4 CITY-ST-ZIP	DAVIE, FL. 33314				

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Aileen Kirzner* 4/29/98 954-477-1812

CR2E037 (10/97)