

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N14656

1. Entity Name

BROWARD COUNTY MEDICAL ASSOCIATION ALLIANCE, INC

**FILED**  
**May 17, 2001 8:00 am**  
**Secretary of State**

05-17-2001 91364 008 \*\*\*\*61.25

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2456382

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PETERSON, CYNTHIA S  
 5101 NW 21 AVE  
 SUITE 440  
 FT. LAUDERDALE FL 33309

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00** May Be  
 Added to Fees

**Make Check Payable to**  
**Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 PED  
 GRENTZ, ANNE  
 11041 NW 7TH ST  
 PLANTATION FL 33324 ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 PED  
 Buhler, Lynn  
 2705 Walkers Way  
 Weston, FL 33331 ☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 TED  
 BELETTE, IVETTE  
 2488 POINCIANA LANE  
 WESTON FL 33324 ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 TED  
 Moll, M.B. Diana  
 2602 Oakbrook Court.  
 Weston, FL 33332 ☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 PD  
 MARCUS, ROCHELLE  
 6058 NW 71ST TERR  
 PARKLAND FL 33067 ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 PD  
 Grenitz, Anne  
 11041 N.W. 7th St  
 Plantation, FL 33324 ☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 TD  
 BUHLER, LYNN  
 2705 WALKERS WAY  
 WESTON FL 33331 ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 TD  
 Belette, Ivette  
 2488 Poinciana Lane  
 Weston, FL 33324 ☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 RSD  
 AST, JOAN  
 6180 S.W. 51ST COURT  
 DAVIE FL 33314 ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 RSD  
 Rush, Beth  
 10072 N.W. 13 Court  
 Plantation, FL 33322 ☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Change ☐ Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE *Ivette Belette* 5/1/01 954-385-9367

CR2E037 (10/00)