

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 23, 2004 8:00 am**  
**Secretary of State**

02-23-2004 90024 031 \*\*\*\*61.25

**DOCUMENT # N14656**

1. Entity 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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2456382

Applied For

Not Applicable

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. I am familiar with, and accept the obligations of registered agent.

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**  
**Due By May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

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

10. OFFICERS AND DIRECTORS

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

TITLE PD ☒ Delete  
NAME AST, JOAN  
STREET ADDRESS 6180 SW 51ST COURT  
CITY-ST-ZIP DAVIE FL 33174

TITLE TD ☐ Delete  
NAME FAUER, LINDA M  
STREET ADDRESS 701 INTRA COASTAL DRIVE  
CITY-ST-ZIP FORT LAUDERDALE FL 33304

TITLE D ☐ Delete  
NAME MOLL, DIANA  
STREET ADDRESS 2602 OAKBROOK COURT  
CITY-ST-ZIP WESTON FL 33332

TITLE D ☒ Delete  
NAME SHELDON, ALYSSA  
STREET ADDRESS 5101 NW 21ST AVENUE  
CITY-ST-ZIP FORT LAUDERDALE FL 33309

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

TITLE VICE PRESIDENT ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 3749 GULFSTREAM WAY  
CITY-ST-ZIP DAVIE FL 33328

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

TITLE TREASURER ☐ Change ☒ Addition  
NAME GRENTZ, ANNE  
STREET ADDRESS 11041 NW 7 ST.  
CITY-ST-ZIP PLANTATION, FL 33324

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/14/04 954.916.6675  
Date Daytime Phone #