

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 21, 2005 8:00 am**  
**Secretary of State**

03-21-2005 90127 018 \*\*\*\*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**

**50029833**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03142005 Chg-NP CR2E037 (10/03)

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. 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

**Filing Fee is \$61.25  
Due by May 1, 2005**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☒ Delete  
NAME **BELETTE, IVETTE**  
STREET ADDRESS **2488 POINIANA LANE**  
CITY-ST-ZIP **WESTON, FL 33324**

TITLE **VP** ☐ Change ☒ Addition  
NAME **Routman, Joni**  
STREET ADDRESS **1717 SE 9 Street**  
CITY-ST-ZIP **Fort Lauderdale, FL 33316**

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

TITLE **VP** ☐ Change ☐ Addition  
NAME **MOLL, DIANA**  
STREET ADDRESS **3749 GULF STREAM WAY**  
CITY-ST-ZIP **DAVIE, FL 33328**

TITLE **T** ☒ Delete  
NAME **GRENITZ, ANNE**  
STREET ADDRESS **11041 NW 7 ST**  
CITY-ST-ZIP **PLANTATION, FL 33324**

TITLE **P** ☒ Change ☐ Addition  
NAME **Moll, Diana**  
STREET ADDRESS **3749 Gulfstream Way**  
CITY-ST-ZIP **DAVIE, FL 33328**

TITLE **T** ☒ Delete  
NAME **GRENITZ, ANNE**  
STREET ADDRESS **11041 NW 7 ST**  
CITY-ST-ZIP **PLANTATION, FL 33324**

TITLE **T** ☐ Change ☒ Addition  
NAME **Edison, Nancy**  
STREET ADDRESS **915 N South Lake Drive**  
CITY-ST-ZIP **Hollywood, FL 33019**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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:**

*Nancy Edison*

*Nancy Edison, Treasurer 3-14-05*

*954-925-2668*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #