

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N14656

FILED  
Apr 24, 2006  
Secretary of State

**Entity Name:** BROWARD COUNTY MEDICAL ASSOCIATION ALLIANCE, INC.

**Current Principal Place of Business:**

5101 NW 21 AVE  
SUITE #440  
FT. LAUDERDALE, FL 33309

**New Principal Place of Business:**

**Current Mailing Address:**

5101 NW 21 AVE  
SUITE #440  
FT. LAUDERDALE, FL 33309

**New Mailing Address:**

**FEI Number:** 59-2456382

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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

**OFFICERS AND DIRECTORS:**

Title: VP ( ) Delete  
Name: ROUTMAN, JONI  
Address: 1717 SE 9 STREET  
City-St-Zip: FORT LAUDERDALE, FL 33316

Title: S ( ) Delete  
Name: FAUER, LINDA M  
Address: 701 INTRA COASTAL DRIVE  
City-St-Zip: FORT LAUDERDALE, FL 33304

Title: P ( ) Delete  
Name: MOLL, DIANA  
Address: 3749 GULF STREAM WAY  
City-St-Zip: DAVIE, FL 33328

Title: T (X) Delete  
Name: EDISON, NANCY  
Address: 915 N. SOUTH LAKE DRIVE  
City-St-Zip: HOLLYWOOD, FL 33019

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: ROUTMAN, JONI  
Address: 1717 SE 9 STREET  
City-St-Zip: FORT LAUDERDALE, FL 33316

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: T (X) Change ( ) Addition  
Name: CASARETTO, WANDA TREAS.  
Address: 1600 SE 8 STREET  
City-St-Zip: FORT LAUDERDALE, FL 33316

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WANDA M. CASARETTO

T

04/24/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date