

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N14656

FILED
Feb 25, 2008
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 (X)**

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: P () Delete
Name: GLAZER, MARIETTA
Address: 524 NORTH RAINBOW DRIVE
City-St-Zip: HOLLYWOOD, FL 33021

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

Title: T () Delete
Name: EL SANADI, LORI TREAS.
Address: 5100 N. OCEAN BOULEVARD, #518
City-St-Zip: FORT LAUDERDALE, FL 33308

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: S (X) Change () Addition
Name: PRIETO, LYNNE
Address: 3095 NE 26TH AVENUE
City-St-Zip: FORT LAUDERDALE, FL 33308

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

I hereby certify that the information supplied with this filing does not qualify 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: LORI EL SANADI

T

02/25/2008

Electronic Signature of Signing Officer or Director

Date