## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N14656

FILED Feb 18, 2009 Secretary of State

Entity Name: BROWARD COUNTY MEDICAL ASSOCIATION ALLIANCE, INC.

**Current Principal Place of Business: New Principal Place of Business:** 5101 NW 21 AVE **SUITE #440** FT. LAUDERDALE, FL 33309 **New Mailing Address: Current Mailing Address:** 5101 NW 21 AVE **SUITE #440** FT. LAUDERDALE, FL 33309 FEI Number: 59-2456382 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: PETERSON, CYNTHIA S 5101 NW 21 AVE SUITE 440 FT. LAUDERDALE, FL 33309 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change ( ) Addition CASARETTO, WANDA PRIETO, LYNNE Name: Name: 1600 SE 8TH STREET Address: 3095 NE 26TH AVENUE Address: City-St-Zip: FORT LAUDERDALE, FL 33316 City-St-Zip: FORT LAUDERDALE, FL 33308 Title: Title: (X) Change ( ) Addition ( ) Delete PRIETO, LYNNE Name: GRENITZ, ANNE Name: Address: 3095 NE 26TH AVENUE Address: 3095 NE 26TH AVENUE11041 NW 7TH ST City-St-Zip: FORT LAUDERDALE, FL 33308 City-St-Zip: PLANTATION, FL 33324 Title: () Delete Title: (X) Change ( ) Addition EL SANADI, LORI TREAS. EL SANADI, LORI Name: Name: 5100 N. OCEAN BOULEVARD, #518 5100 N. OCEAN BOULEVARD, #518 Address: Address: City-St-Zip: FORT LAUDERDALE, FL 33308 City-St-Zip: FORT LAUDERDALE, FL 33308 Title: () Delete Title: ( ) Change (X) Addition Name: Name: MOLL, DIANA 3749 GULFSTREAM WAY Address: Address: City-St-Zip: City-St-Zip: **DAVIE, FL 33328** Title: () Delete Title: ( ) Change (X) Addition ROUTMAN, JONI Name: Name: 1717 SE9TH STREET Address: Address: FORT LAUDERDALE, FL 33316 City-St-Zip: 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 TR 02/18/2009