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Jun 05 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N19175 (1)
1. Corporation Name
THE BROWARD COUNTY MEDICAL ASSOCIATION ALLIANCE FOUNDATION, INC.



Principal Place of Business 5101 N.W. 21ST AVE. #440 FT. LAUDERDALE FL 33309 US	Mailing Address 5101 N.W. 21ST AVE. #440 FT. LAUDERDALE FL 33309 US
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country
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3. Date Incorporated or Qualified 02/10/1987	4. FEI Number 65-0710590	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent PETERSON, CYNTHIA S 5101 NW 21 AVE SUITE #440 FT. LAUDERDALE FL 33309	
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10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	PD <input checked="" type="checkbox"/> DELETE
NAME	PALMA, LYNNE
STREET ADDRESS	2710 NE 40 ST
CITY-ST-ZIP	FT LAUDERDALE FL 33308
TITLE	VD <input checked="" type="checkbox"/> DELETE
NAME	COHEN, ELLEN
STREET ADDRESS	480 ALEXANDER CIRCLE
CITY-ST-ZIP	FT LAUDERDALE FL 33326-3308
TITLE	TD <input type="checkbox"/> DELETE
NAME	RUSSO, BETSY
STREET ADDRESS	2056 NE 37TH DRIVE
CITY-ST-ZIP	FT LAUDERDALE FL 33308
TITLE	VD <input type="checkbox"/> DELETE
NAME	MARCUS, ROCHELLE
STREET ADDRESS	6058 NW 71ST TERRACE
CITY-ST-ZIP	PARKLAND FL 33067
TITLE	SD <input checked="" type="checkbox"/> DELETE
NAME	FAUER, LINDA
STREET ADDRESS	701 INTRACOASTAL DRIVE
CITY-ST-ZIP	FT LAUDERDALE FL 33304
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	Vice President - D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Aileen Kiran
1.3 STREET ADDRESS	760 NW 105th Ave
1.4 CITY-ST-ZIP	Plantation, FL 33324
2.1 TITLE	PRESIDENT - D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	RUSSO, BETSY
2.3 STREET ADDRESS	2056 NE 37th Drive
2.4 CITY-ST-ZIP	FT LAUDERDALE, FL 33308
3.1 TITLE	Treasurer - D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Lynn Butler
3.3 STREET ADDRESS	2705 Walkers Way
3.4 CITY-ST-ZIP	Weston, FL 33331
4.1 TITLE	President-elect - D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Marcus, Rochelle
4.3 STREET ADDRESS	6058 NW 71st Terrace
4.4 CITY-ST-ZIP	Parkland, FL 33067
5.1 TITLE	Recording Secretary - D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Ast. Park
5.3 STREET ADDRESS	6180 SW 51st Court
5.4 CITY-ST-ZIP	Dade, FL 33314
6.1 TITLE	
6.2 NAME	600002553516
6.3 STREET ADDRESS	-06/09/98-01105-019
6.4 CITY-ST-ZIP	***61.25

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE _____

CFR2037 (10/97)