

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N19175

1. Entity Name

THE BROWARD COUNTY MEDICAL ASSOCIATION ALLIANCE



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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0710590

Applied For

Not Applicable

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
After September 12, 2001, min. will be \$236.25

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	GRENITZ, ANNE	
STREET ADDRESS	11041 NW 7TH ST	
CITY-ST-ZIP	PLANTATION FL 33324	
TITLE	TE	<input type="checkbox"/> Delete
NAME	BELETTE, IVETTE	
STREET ADDRESS	2488 POINCIANA LANE	
CITY-ST-ZIP	WESTON FL 33324	
TITLE	RDS	<input type="checkbox"/> Delete
NAME	AST, PARK	
STREET ADDRESS	6180 S.W. 51ST COURT	
CITY-ST-ZIP	DAVIE FL 33314	
TITLE	TD	<input type="checkbox"/> Delete
NAME	BUHLER, LYNN	
STREET ADDRESS	2705 WALKERS WAY	
CITY-ST-ZIP	WESTON FL	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	MARCUS, ROCHELLE	
STREET ADDRESS	6058 NW 71ST TERRACE	
CITY-ST-ZIP	PARKLAND FL 33067	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PED	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AST, JOAN	
STREET ADDRESS	6180 SW 51st Court	
CITY-ST-ZIP	DAVIE, FL 33314	
TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Diana Moll	
STREET ADDRESS	2602 Oakbrook Court	
CITY-ST-ZIP	Weston, FL 33332	
TITLE	RDS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Alyssa Sheldon	
STREET ADDRESS	5101 NW 21st Ave	
CITY-ST-ZIP	Ft Lauderdale, FL 33309	

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:

Signature of Lynn Buhler, President Lynn Buhler 9/29/01 (954) 236-2300

FILED
Sep 05, 2001 8:00 am
Secretary of State

09-05-2001 90009 036 ****61.25

C0075865



DO NOT WRITE IN THIS SPACE

CR2E037 (5/01)