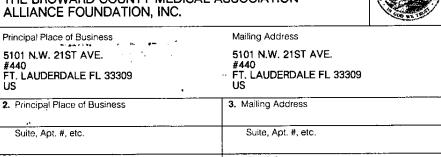
2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

## DOCUMENT # N19175

1. Entity Name

THE BROWARD COUNTY MEDICAL ASSOCIATION



## **FILED** Feb 23, 2004 8:00 am Secretary of State

02-23-2004 90024 030 \*\*\*\*61.25

CR2E037 (11/03) MOORE City & State 4. FEI Number Applied For City & State 65-0710590 Not Applicable Zip Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent PETERSON, CYNTHIA Street Address (P.O. Box Number is Not Acceptable) 5101 NW 21 AVE **SUITE #440** FT. LAUDERDALE FL 33309 Zip Code City 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. Make Check Payable to 9. Election Campaign Financing FILE NOW: FEE IS \$61.25 \$5.00 May Be Trust Fund Contribution. Florida Department of State Added to Fees Due By May 1, 2004 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. PRESIDENT NETTE 10. XI Change ☐ Addition TITLE THE Delete BELETTE, IVETTE NAME 2480 POINCIANA LAME 2488 POINCIANA LANE STREET ADDRESS STREET ADDRESS WESTON FL 33324 FL CITY-ST-ZIP CITY - ST- ZIP WESTON. TITLE ■ Delete Change ☐ Addition AST, JOAN NAME NAME 6180 SW 51ST COURT STREET ADDRESS STREET ADDRESS DAVIE FL 33314 CITY-ST-ZIP CITY-ST-ZIP VPD Change ☐ Addition TITLE ☐ Delete TITLE MOU, DIANA 3749 GULFSTRUAM WAY MOLL, DIANA NAME 2602 OAKBROOK COURT STREET ADDRESS STREET ADDRESS WESTON FL 33332 CITY-ST-ZIP DAVIE , FL 33328 CITY-ST-ZIP RDS ☐ Change ☐ Addition Delete TITLE TITLE SHELDON, ALYSSO NAME 1549 VICTORIA ISLE WAY STREET ADDRESS STREET ADDRESS WESTON FL 35327 CITY-ST-ZIP CITY-ST-ZIP TO THE PARTY OF A STATE OF THE PARTY OF THE SECRETARY Change Addition TITLE ☐ Delete FAMER LINDA - - 15 FAUER LINDA NAME 701 INTERCOASTAL DR. STREET ADDRESS 701 INTRA COASTAL DYZ. STREET ADDRESS FORT LAUDERDALE FL 33304 CITY-ST-ZIP CITY-ST-ZIP FT. LANDOR DALE, FL TREA OVRER X Addition Delete TITLE ☐ Change TITLE GRENITZ, MNNE NAME 医丘科门 NAME HOYI NW STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 343 33

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: \_

TATURE AND TYPED OR PRINTED

2/14/04