

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N19175

FILED  
Apr 24, 2006  
Secretary of State

**Entity Name:** THE BROWARD COUNTY MEDICAL ASSOCIATION ALLIANCE FOUNDATION, INC.

**Current Principal Place of Business:**

5101 N.W. 21ST AVE.  
#440  
FT. LAUDERDALE, FL 33309 US

**New Principal Place of Business:**

**Current Mailing Address:**

5101 N.W. 21ST AVE.  
#440  
FT. LAUDERDALE, FL 33309 US

**New Mailing Address:**

**FEI Number:** 65-0710590      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

PETERSON, CYNTHIA  
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: ROUTMAN, JONI  
Address: 1717 SE 9 STREET  
City-St-Zip: FORT LAUDERDALE, FL 33316

Title: P ( ) Delete  
Name: MOLL, DIANA  
Address: 3749 GULFSTREAM WAY.  
City-St-Zip: FORT LAUDERDALE, FL 33328

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

Title: T ( ) Delete  
Name: EDISON, NANCY  
Address: 915 N SOUTHLAKE DRIVE  
City-St-Zip: HOLLYWOOD, FL 33019

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: WANDA M. CASARETTO

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04/24/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date