

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N19175

FILED  
Jun 28, 2010  
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  
Name: ROUTMAN, JONI  
Address: 1717 SE 9TH STREET  
City-St-Zip: FORT LAUDERDALE, FL 33316

Title: T  
Name: GRENITZ, ANNE  
Address: 11041 NW 7TH STREET  
City-St-Zip: PLANTATION, FL 33324

Title: CS  
Name: EDISON, NANCY  
Address: 333 LAS OLAS WAY, #2710  
City-St-Zip: FORT LAUDERDALE, FL 33301

Title: P  
Name: MOLL, DIANA  
Address: 3749 GULFSTREAM WAY  
City-St-Zip: DAVIE, FL 33328

Title: P  
Name: FLATEN, SUSAN  
Address: 2821 NE 39TH COURT  
City-St-Zip: LIGHTHOUSE POINT, FL 33064

Title: RS  
Name: CASARETTO, WANDA  
Address: 1600 SE 8TH STREET  
City-St-Zip: FORT LAUDERDALE, FL 33316

I hereby 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 all other like empowered.

SIGNATURE: ANNE GRENITZ

T

06/28/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date