


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2007 8:00 am
Secretary of State

04-03-2007 90009 014 ****61.25

DOCUMENT # N26889

1. Entity Name
BROWARD COUNTY MEDICAL ASSOCIATION, INC.



Principal Place of Business
5101 NW 21 AVE
S-440
FT. LAUDERDALE, FL 33309 US

Mailing Address
5101 NW 21 AVE
SUITE S-440
FT. LAUDERDALE, FL 33309 US

40048813



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

04012007 Chg-NP CR2E037 (12/06)

6. Name and Address of Current Registered Agent
CYNTHIA PETERSON
5101 NW 21 AVENUE
SUITE S-440
FT. LAUDERDALE, FL 33309

4. FEI Number
59-0834012

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

7. Name and Address of New Registered Agent
 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

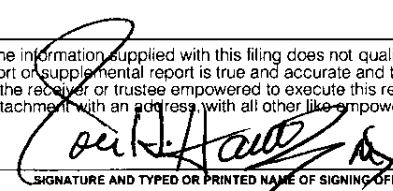
Filing Fee is \$61.25 Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROUTMAN, ALAN M.D. 5101 NW 21 AVE SUITE 440 FT. LAUDERDALE, FL 33309 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GIFFLER, RONALD F MD 5101 NW 21 AVE. SUITE 440 FT. LAUDERDALE, FL 33309 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D Michael Weston, M.D. 5101 NW 21st Ave, Suite 440 Ft. Lauderdale, FL 33309 <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COX, LINDA MD 5101 NW 21 AVE. SUITE 440 FT. LAUDERDALE, FL 33309 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PALAMARA, ARTHUR 5101 NW 21 AVE., SUITE 440 FT. LAUDERDALE, FL 33309 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAMILTON, EDWIN M.D. 5101 NW 21 AVE., SUITE 440 FT. LAUDERDALE, FL 33309 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  **4-1-2007 954-714-9772**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #