

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N26889

FILED  
Apr 29, 2012  
Secretary of State

**Entity Name:** BROWARD COUNTY MEDICAL ASSOCIATION, INC.

**Current Principal Place of Business:**

5101 NW 21 AVE  
S-450  
FT. LAUDERDALE, FL 33309 US

**New Principal Place of Business:**

**Current Mailing Address:**

5101 NW 21 AVE  
S-450  
FT. LAUDERDALE, FL 33309 US

**New Mailing Address:**

**FEI Number:** 59-0834012      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

CYNTHIA PETERSON  
5101 NW 21 AVENUE  
SUITE S-450  
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: D  
Name: PRIETO, TONY M.D.  
Address: 5101 NW 21 AVE SUITE 450  
City-St-Zip: FT. LAUDERDALE, FL 33309

Title: D  
Name: STEINMAN, RICHARD M.D.  
Address: 5101 NW 21 AVE. SUITE 450  
City-St-Zip: FT. LAUDERDALE, FL 33309

Title: PD  
Name: CHANDRAN, KUTTY MD  
Address: 5101 NW 21 AVE, SUITE 450  
City-St-Zip: FT. LAUDERDALE, FL 33309

Title: D  
Name: ELKIN, AARON MD  
Address: 5101 NW 21 AVE., SUITE 450  
City-St-Zip: FT. LAUDERDALE, FL 33309

Title: D  
Name: WALLACE, DANA MD  
Address: 5101 NW 21 AVE., SUITE 450  
City-St-Zip: FT. LAUDERDALE, FL 33309

Title: D  
Name: FLATEN, PAUL M.D.  
Address: 5101 NW 21ST AVE. SUITE 450  
City-St-Zip: FT. LAUDERDALE, FL 33309

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: KUTTY CHANDRAN, M.D.

PD

04/29/2012

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

\_\_\_\_\_  
Date