FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -5 PM 3:11

DOCUMENT # **N44820** **(1)**

1. Corporation Name

BROWARD COUNTY MEDICAL ASSOCIATION FOUNDATION, I NC.

Principal Place of Business	Mailing Address
~~9101 NW 21ST AVE~~ 1001 W. Cypress Creek Rd, S-207 ~~SUITE 610~~ FT LAUDERDALE FL 33309	~~6101 NW 21ST AVE~~ 1001 W. Cypress Creek Rd, S-207 ~~SUITE 610~~ FT LAUDERDALE FL 33309

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/22/1991
3a. Date of Last Report: 02/28/1994
4. FEI Number: 65-0280095 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 1001 W. Cypress Creek Rd	26 1001 W. Cypress Creek Rd.
22 Suite, Apt. #, etc. Ste 207	27 Suite, Apt. #, etc. Ste 207
23 City & State Ft. Lauderdale, FL	28 City & State Ft. Lauderdale, FL
24 Zip 33309 25 Country U S	29 Zip 33309 30 Country U S

9. Name and Address of Current Registered Agent

PETERSON, CYNTHIA S.
~~6101 NW 21ST AVE~~ 1001 W. Cypress Creek Road, S-207
~~SUITE 610~~
FT LAUDERDALE FL 33309

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 1001 W. Cypress Creek Rd, Ste 207
83 Ste 207
84 City Ft. Lauderdale, FL 85 Zip Code 33309

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	BECKER, MATHIS	12 NAME	
STREET ADDRESS	201 NW 82ND AVE #504	13 STREET ADDRESS	
CITY-ST-ZIP	PLANTATION FL	14 CITY-ST-ZIP	
TITLE	DVP	21 TITLE	☐ Change ☐ Addition
NAME	OTT, RICHARD	22 NAME	
STREET ADDRESS	4801 N FEDERAL HWY	23 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL	24 CITY-ST-ZIP	
TITLE	STD	31 TITLE	☐ Change ☐ Addition
NAME	PALAMARA, ARTHUR M	32 NAME	
STREET ADDRESS	3850 HOLLYWOOD BLVD	33 STREET ADDRESS	
CITY ST ZIP	HOLLYWOOD FL	34 CITY ST ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	TOMASELLO, PETER M.D.	42 NAME	
STREET ADDRESS	201 NW 82ND AVENUE	43 STREET ADDRESS	
CITY ST ZIP	PLANTATION FL 33324	44 CITY ST ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	WESTER, JUAN M.D.	52 NAME	
STREET ADDRESS	5015 HOLLYWOOD BLVD.	53 STREET ADDRESS	
CITY-ST ZIP	HOLLYWOOD FL 33021	54 CITY-ST-ZIP	
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	MOLINET, ROLAND M.D.	62 NAME	
STREET ADDRESS	12 NE 12TH AVENUE	63 STREET ADDRESS	
CITY-ST-ZIP	FORT LAUDERDALE FL 33301	64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Mathis L. Becker, M.D. 3/20/95 305-938-5006
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

000974