

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N44820 (1)

1. Corporation Name

**BROWARD COUNTY MEDICAL ASSOCIATION FOUNDATION, I
NC.**



Principal Place of Business

Mailing Address

1001 W. CYPRESS CREEK RD
STE 207
FT. LAUDERDALE FL 33309
US

1001 W. CYPRESS CREEK RD
SUITE 207
FT. LAUDERDALE FL 33309
US

3. Date Incorporated or Qualified
08/22/1991

3a. Date of Last Report
04/05/1995

2. Principal Place of Business

2a. Mailing Address

21 **5101 NW 21 Ave**

26 **5101 NW 21 Ave**

4. FEI Number
65-0280095

Applied For
Not Applicable

22 Suite, Apt. #, etc.
440

27 Suite, Apt. #, etc.
S-440

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

23 City & State
Fort Lauderdale FL

28 City & State
Fort Lauderdale FL

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

24 Zip **33309** Country **USA**

29 Zip **33309** Country **USA**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PETERSON, CYNTHIA S.
5101 NW 21ST AVE
SUITE 510
FT LAUDERDALE FL 33309**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

5101 NW 21 Ave

83

S-440

84 City

Fort Lauderdale

FL

85 Zip Code
33309

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, 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

TITLE **PD** ☐ DELETE
NAME **BECKER, MATHIS**
STREET ADDRESS **201 NW 82ND AVE #504**
CITY-ST-ZIP **PLANTATION FL**

TITLE **DVP** ☐ DELETE
NAME **OTT, RICHARD**
STREET ADDRESS **4801 N FEDERAL HWY**
CITY-ST-ZIP **FT LAUDERDALE FL**

TITLE **STD** ☐ DELETE
NAME **PALAMARA, ARTHUR M**
STREET ADDRESS **3850 HOLLYWOOD BLVD**
CITY-ST-ZIP **HOLLYWOOD FL**

TITLE **D** ☐ DELETE
NAME **TOMASELLO, PETER M.D.**
STREET ADDRESS **201 NW 82ND AVENUE**
CITY-ST-ZIP **PLANTATION FL 33324**

TITLE **D** ☐ DELETE
NAME **WESTER, JUAN M.D.**
STREET ADDRESS **5015 HOLLYWOOD BLVD.**
CITY-ST-ZIP **HOLLYWOOD FL 33021**

TITLE **D** ☐ DELETE
NAME **MOLINET, ROLAND M.D.**
STREET ADDRESS **12 NE 12TH AVENUE**
CITY-ST-ZIP **FORT LAUDERDALE FL 33301**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-18-96 954-772-0688

CR2E037 (12/95)