

FILE NOW: FILING FEE IS \$61.25

FILED

Jan 29, 1999 8:00am
Secretary of State

01-29-1999 90028 027 *****61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N44820

1. Corporation Name

BROWARD COUNTY MEDICAL ASSOCIATION FOUNDATION, INC.

Principal Place of Business

5101 NW 21 AVENUE
SUITE 440
FT. LAUDERDALE FL 33309
US

Mailing Address

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



2. Principal Place of Business

21

Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

30

3. Date Incorporated or Qualified

08/22/1991

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

9. Name and Address of Current Registered Agent

PETERSON, CYNTHIA S.
5101 NW 21 AVENUE
SUITE S-440
FT LAUDERDALE FL 33309

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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 DVP ☐ 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 ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-13-99 954-714-9477
Date Daytime Phone #

CR2E037 (1/98)