

DOCUMENT # N44820

1. Entity Name

BROWARD COUNTY MEDICAL ASSOCIATION FOUNDATION, I

Principal Place of Business

Mailing Address

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

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0280095

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:  
FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete

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

TITLE ☐ Delete

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

TITLE ☐ Delete

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

TITLE ☐ Delete

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

TITLE ☐ Delete

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

TITLE ☐ Delete

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

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
Jan 08, 2001 8:00 am  
Secretary of State

01-08-2001 90007 020 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)