

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 14, 2002 8:00 am**  
**Secretary of State**

05-14-2002 90096 001 \*\*\*367.50

**DOCUMENT # N44820**

1. Entity Name

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

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

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

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

7. Name and Address of New Registered Agent

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

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>PD BECKER, MATHIS 201 NW 82ND AVE #504 PLANTATION FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>DVP OTT, RICHARD 4801 N FEDERAL HWY FT LAUDERDALE FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>STD PALAMARA, ARTHUR M 3850 HOLLYWOOD BLVD HOLLYWOOD FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D TOMASELLO, PETER M.D. 201 NW 82ND AVENUE PLANTATION FL 33324</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D WESTER, JUAN M.D. 5015 HOLLYWOOD BLVD. HOLLYWOOD FL 33021</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D MOLINET, ROLAND M.D. 12 NE 12TH AVENUE FORT LAUDERDALE FL 33301</b>	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**D  
Edwin Hamilton, MD  
5101 NW 21st Ave Ste 440  
Ft. Lauderdale, FL 33309**

CR2E037 (9/01)

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: Edwin Hamilton, M.D. 5-02-02 954-714-9772**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #