

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 25, 2006
Secretary of State**

DOCUMENT# N44820

Entity Name: BROWARD COUNTY MEDICAL ASSOCIATION FOUNDATION, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 65-0280095 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: DEGENNARO, VINCENT M.D.
Address: 5101 NW 21ST AVE, #440
City-St-Zip: FORT LAUDERDALE, FL 33309

Title: DVP () Delete
Name: OTT, RICHARD,
Address: 4801 N FEDERAL HWY
City-St-Zip: FT LAUDERDALE, FL

Title: PD () Delete
Name: PALAMARA, ARTHUR M
Address: 3850 HOLLYWOOD BLVD
City-St-Zip: HOLLYWOOD, FL

Title: STD () Delete
Name: HAMILTON, EDWIN
Address: 510 NW 21ST AVE STE 440
City-St-Zip: FORT LAUDERDALE, FL 33309

Title: D () Delete
Name: WESTER, JUAN M.D.
Address: 5015 HOLLYWOOD BLVD.
City-St-Zip: HOLLYWOOD, FL 33021

Title: D () Delete
Name: MOLINET, ROLAND M.D.
Address: 12 NE 12TH AVENUE
City-St-Zip: FORT LAUDERDALE, FL 33301

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ARTHUR PALAMARA, MD

PD

04/25/2006

Electronic Signature of Signing Officer or Director

Date