

**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 03, 2007 8:00 am**  
**Secretary of State**

04-03-2007 90009 009 \*\*\*\*61.25

**DOCUMENT # N44820**  
 1. Entity 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
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**DO NOT WRITE IN THIS SPACE**

04012007 No Chg-NP CR2E037 (4/06)

4. FEI Number 65-0280095	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> 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

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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25 Due by May 1, 2007**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEGENNARO, VINCENT M.D. 5101 NW 21ST AVE, #440 FORT LAUDERDALE, FL 33309
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP OTT, RICHARD 4801 N FEDERAL HWY FT LAUDERDALE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PALAMARA, ARTHUR M 3850 HOLLYWOOD BLVD HOLLYWOOD, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD HAMILTON, EDWIN 510 NW 21ST AVE STE 440 FORT LAUDERDALE, FL 33309
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WESTER, JUAN M.D. 5015 HOLLYWOOD BLVD. HOLLYWOOD, FL 33021
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOLINET, ROLAND M.D. 12 NE 12TH AVENUE FORT LAUDERDALE, FL 33301

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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]* **4-1-2007** 954-714-9772  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #