

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N44820

FILED  
May 10, 2010  
Secretary of State

**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 AVENUE  
SUITE 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 ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

Title: D  
Name: OTT, RICHARD  
Address: 4801 N FEDERAL HWY  
City-St-Zip: FT LAUDERDALE, FL

Title: D  
Name: PALAMARA, ARTHUR M  
Address: 3850 HOLLYWOOD BLVD  
City-St-Zip: HOLLYWOOD, FL

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

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

Title: PD  
Name: PRIETO, TONY M.D.  
Address: 5101 NW 21ST AVENUE  
City-St-Zip: FORT LAUDERDALE, FL 33309

I hereby 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 all other like empowered.

SIGNATURE: TONY PRIETO, M.D.

PD

05/10/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date