2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004
Secretary of State

DOCUMENT# N47200

Entity Name: BROWARD COUNTY OSTEOPATHIC MEDICAL ASSOCIATION, INC.

Current Principal Place of Business:

P.O. BOX 2294
HOLLYWOOD, FL 33020

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 2294
HOLLYWOOD, FL 33020

New Mailing Address:

FEI Number: 65-0336646 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JONES, H. EDWARD
3230 W COMMERCIAL BLVD
STE 150
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: VPD ( ) Delete
Name: GOZIEVELI, TAMER
Address: 222 S. FLAMINGO ROAD
City-St-Zip: PEMBROKE PINES, FL 33027

Title: P ( ) Delete
Name: BERLEMANN, DEIDRA
Address: 402 NW 118 TERRACE
City-St-Zip: CORAL SPRINGS, FL 33071

Title: S (X) Delete
Name: CINGERBERG, STEVEN DO
Address: 10179 W SINRENE BLVD
City-St-Zip: PLANTATION, FL 33322

Title: T ( ) Delete
Name: MARTIN, RONNI DO
Address: 3200 S UNIVERSITY DR
City-St-Zip: FT LAUDERDALE, FL 33328

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: GOZIEVELI, TAMER D.O.
Address: 222 S. FLAMINGO ROAD
City-St-Zip: PEMBROKE PINES, FL 33027 US

Title: VP (X) Change ( ) Addition
Name: CIMERBERG, STEVEN D.O.
Address: 10179 W. SUNRISE BLVD.
City-St-Zip: PLANTATION,, FO 33322 US

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

Title: SEC (X) Change ( ) Addition
Name: MARTIN, RONNI DO
Address: 3200 S UNIVERSITY DR
City-St-Zip: FT LAUDERDALE, FL 33328

Title: T ( ) Change (X) Addition
Name: GLICK, BRAD P D.O.
Address: 5901 COLONIAL DR.
City-St-Zip: POMPANO BEACH, FL 33965 US

I hereby certify that the information supplied with this filing does not qualify for the 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 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: TAMER GOZLEVELI, D.O. P 04/26/2004

Electronic Signature of Signing Officer or Director — Date