

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000005422 (9)

1. Corporation Name

BROWARD PHYSICIAN ALLIANCE, INC.



Principal Place of Business

401 NW 42ND AVE
PLANTATION FL 33317

Mailing Address

401 NW 42ND AVE
PLANTATION FL 33317

3. Date Incorporated or Qualified
11/13/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FARRELL, JAMES A
250 S AUSTRALIAN AVE
SUITE 500
WEST PALM BEACH FL 33401

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

James A. Farrell

Signature, typed or printed name of registered agent, and title if applicable

(NOTE: Registered Agent signature required when reappointing)

3-26-96

DATE

12. OFFICERS AND DIRECTORS

TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	MEASE, ED M.D.	
STREET ADDRESS	1509 N STATE RD 7	
CITY-ST-ZIP	MARGATE FL 33063	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	SCHULTZ, NEIL M.D.	
STREET ADDRESS	5800 COLONIAL RD SUITE 205	
CITY-ST-ZIP	MARGATE FL 33063	
TITLE	DST	<input type="checkbox"/> DELETE
NAME	STREIT, BARRY M.D.	
STREET ADDRESS	6610 N UNIVERSITY DR	
CITY-ST-ZIP	TAMARAC FL 33321	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BASS, LEONARD M.D.	
STREET ADDRESS	2323 NW 19 ST SUITE 3	
CITY-ST-ZIP	PLANTATION FL 33311	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BATES, PAUL D.O.	
STREET ADDRESS	201 NW 82 AVE SUITE 401	
CITY-ST-ZIP	PLANTATION FL 33324	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BURKS, RANDY M.D.	
STREET ADDRESS	5800 COLONIAL DR	
CITY-ST-ZIP	MARGATE FL 33063	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	GREVITZ, MARK M.D.	
1.3 STREET ADDRESS	201 NW 82ND AVE #104	
1.4 CITY-ST-ZIP	PLANTATION, FL. 33324	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE:

Leonard M. Bass
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/22/96

954-484-9590
DATE DAYTIME PHONE

CR2E037 (12/95)