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Apr 02 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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 33317-2835

3. Date Incorporated or Qualified
11/13/1995

3a. Date of Last Report
04/01/1996

2. Principal Place of Business

21 c/o Blake Campbell

2a. Mailing Address

26 c/o Blake Campbell

4. FEI Number

65-0645125

Applied For

Not Applicable

22 Suite, Apt. #, etc.

4101 S Hospital Dr Ste 11

27 Suite, Apt. #, etc.

4101 S Hospital Dr Ste 11

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

23 City & State

Plantation FL

28 City & State

Plantation FL

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

24 Zip

33317

25 Country

USA

29 Zip

33317

30 Country

USA

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP ☐ DELETE
NAME GRENTZ, MARK M.D.
STREET ADDRESS 201 NE 82ND AVE #104
CITY - ST - ZIP PLANTATIN FL

TITLE DV ☐ DELETE
NAME SCHULTZ, NEIL M.D.
STREET ADDRESS 5800 COLONIAL RD SUITE 205
CITY - ST - ZIP MARGATE FL 33063

TITLE DST ☐ DELETE
NAME STREIT, BARRY M.D.
STREET ADDRESS 6610 N UNIVERSITY DR
CITY - ST - ZIP TAMARAC FL 33321

TITLE D ☐ DELETE
NAME BASS, LEONARD M.D.
STREET ADDRESS 2323 NW 19 ST SUITE 3
CITY - ST - ZIP PLANTATION FL 33311

TITLE D ☐ DELETE
NAME BATES, PAUL D.O.
STREET ADDRESS 201 NW 82 AVE SUITE 401
CITY - ST - ZIP PLANTATION FL 33324

TITLE D ☐ 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 ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

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14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Mark Grentz
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/18/97

Date

4297
Daytime Phone # 0036565

CR2E037 (9/96)