

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 06 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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 610 BLAKE CAMPBELL 4101 S. HOSPITAL DR. STE. 11 PLANTATION FL 33317	Mailing Address 610 BLAKE CAMPBELL 4101 S. HOSPITAL DR. STE. 11 PLANTATION FL 33317
---	---

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
---	--

3. Date Incorporated or Qualified 11/13/1995	4. FEI Number 65-0645125	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent FARRELL, JAMES A 250 S AUSTRALIAN AVE SUITE 500 WEST PALM BEACH FL 33401
--

10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 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

3-30-98

12. OFFICERS AND DIRECTORS	
TITLE	DP GRENTZ, MARK M.D. 201 NE 82ND AVE #104 PLANTATION FL
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	DV SCHULTZ, NEIL M.D. 5800 COLONIAL RD SUITE 205 MARGATE FL 33063
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	DST STREIT, BARRY M.D. 6610 N UNIVERSITY DR TAMARAC FL 33321
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	D BASS, LEONARD M.D. 2323 NW 19 ST SUITE 3 PLANTATION FL 33311
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	D BATES, PAUL D.O. 201 NW 82 AVE SUITE 401 PLANTATION FL 33324
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	D BURKS, RANDY M.D. 5800 COLONIAL DR MARGATE FL 33063
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
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 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: 

3/24/98 (954) 472-2201

CR2E037 (10/97)