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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000005422

1. Corporation Name

BROWARD PHYSICIAN ALLIANCE, INC.

Principal Place of Business

4101 S HOSPITAL DR. STE 11
PLANTATION FL 33317
US

Mailing Address

4101 S HOSPITAL DR. STE 11
PLANTATION FL 33317
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25 29 30

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

11/13/1995

4. FEI Number

65-0645125

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

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

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 **GRENITZ, 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 **VICE PRESIDENT** ☐ Change ☒ Addition
1.2 NAME **GALLY, JEFFREY M.D.**
1.3 STREET ADDRESS **3800 COCONUT CREEK PKWY #102**
1.4 CITY-ST-ZIP **COCONUT CREEK, FL 33066**

2.1 TITLE **PRESIDENT** ☒ 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

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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/17/99 (954) 973-4555
Date Daytime Phone #

CR2E037 (11/98)