

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000005422

1. Entity Name

BROWARD PHYSICIAN ALLIANCE, INC.

**FILED**  
**Mar 04, 2000 8:00 am**  
**Secretary of State**

03-04-2000 90030 006 \*\*\*\*61.25

Principal Place of Business

Mailing Address

4101 S HOSPITAL DR. STE 11  
PLANTATION FL 33317  
US

4101 S HOSPITAL DR. STE 11  
PLANTATION FL 33317-2830  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0645125

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

City

FL

Zip Code

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE DP ☐ Delete  
NAME GALLY, JEFFREY M.D.  
STREET ADDRESS 3800 COCONUT CREEK PKWY #102  
CITY-ST-ZIP COCONUT CREEK FL 33066

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME BURKS, RANDY M.D.  
STREET ADDRESS 5800 COLONIAL DR  
CITY-ST-ZIP MARGATE FL 33063

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/23/00

CR2E037 (9/99)