

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000005422

1. Entity 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

4101 S. Hospital Dr.

3. Mailing Address

4101 S. Hospital Dr.

Suite, Apt. #, etc.

SUITE 1

Suite, Apt. #, etc.

SUITE 1

City & State

Plantation FL

City & State

Plantation FL

Zip

33317

Country

US

Zip

33317

Country

US

4. FEI Number

65-0645125

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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

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

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

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

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

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Apr 23, 2001 8:00 am
Secretary of State

04-23-2001 90010 010 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)