

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N95000005422**

1. Entity Name

BROWARD PHYSICIAN ALLIANCE, INC.

Principal Place of Business

4101 S HOSPITAL DR.
SUITE 1
PLANTATION FL 33317

Mailing Address

4101 S HOSPITAL DR.
SUITE 1
PLANTATION FL 33317
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

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 \$61.259. 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-ZIPTITLE **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-ZIPTITLE **DST** ☐ Delete
NAME **STREIT, BARRY M.D.**
STREET ADDRESS **6810 N UNIVERSITY DR**
CITY-ST-ZIP **TAMARAC FL 33321**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **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-ZIPTITLE **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-ZIPTITLE **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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Apr 04, 2002 8:00 am
Secretary of State

04-04-2002 90016 037 *****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)