

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 03, 2007 8:00 am
Secretary of State

04-03-2007 90009 012 ****61.25

DOCUMENT # N98000000917

1. Entity Name
**BROWARD COUNTY MEDICAL ASSOCIATION CARE
GROUP, INC.**



Principal Place of Business
**5101 NW 21ST AVE, STE 440
FORT LAUDERDALE, FL 33309**

Mailing Address
**5101 NW 21ST AVE, STE 440
FORT LAUDERDALE, FL 33309**

40048010



04012007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0806566	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**PETERSON, CYNTHIA S
5101 NW 21ST AVE, STE 440
FORT LAUDERDALE, FL 33309**

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	PALAMARA, ARTHUR MD
STREET ADDRESS	3850 HOLLYWOOD BLVD., #302
CITY-ST-ZIP	HOLLYWOOD, FL 33021

TITLE	D
NAME	EBERLY, ARTHUR MD
STREET ADDRESS	3701 NE 30TH AVE
CITY-ST-ZIP	LIGHTHOUSE POINT, FL 33064

TITLE	D
NAME	FLATEN, PAUL MD
STREET ADDRESS	1841 NE 45TH ST
CITY-ST-ZIP	FORT LAUDERDALE, FL 33308

TITLE	D
NAME	GIFFLER, RONALD MD
STREET ADDRESS	5757 N DIXIE HWY
CITY-ST-ZIP	FORT LAUDERDALE, FL 33334

TITLE	D
NAME	HAMILTON, EDWIN MD
STREET ADDRESS	2323 NW 19TH ST., #2
CITY-ST-ZIP	FORT LAUDERDALE, FL 33311

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 #

4-1-2007 954-714-9772