2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2012
Secretary of State

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Entity Name: BROWARD COUNTY MEDICAL ASSOCIATION CARE GROUP, INC.

Current Principal Place of Business:

5101 NW 21ST AVE, STE 450
FORT LAUDERDALE, FL 33309

New Principal Place of Business:

Current Mailing Address:

5101 NW 21ST AVE, STE 450
FORT LAUDERDALE, FL 33309

New Mailing Address:

FEI Number: 65-0806566 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PETERSON, CYNTHIA S
5101 NW 21ST AVE, STE 450
FORT LAUDERDALE, FL 33309 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD
Name: PALAMARA, ARTHUR MD
Address: 3850 HOLLYWOOD BLVD., #302
City-St-Zip: HOLLYWOOD, FL 33021

Title: D
Name: PRIETO, TONY MD
Address: 5101 NW 21ST AVENUE STE 450
City-St-Zip: FORT LAUDERDALE, FL 33309

Title: D
Name: FLATEN, PAUL MD
Address: 1841 NE 45TH ST
City-St-Zip: FORT LAUDERDALE, FL 33308

Title: D
Name: HAMILTON, EDWIN MD
Address: 2323 NW 19TH ST., #2
City-St-Zip: FORT LAUDERDALE, FL 33311

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: ARTHUR PALAMARA, M.D. PD 04/29/2012

Electronic Signature of Signing Officer or Director — Date