

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N44820

Entity Name: BROWARD COUNTY MEDICAL ASSOCIATION FOUNDATION, INC.**FILED**
Apr 30, 2015
Secretary of State
CC2080395482**Current Principal Place of Business:**5101 NW 21 AVENUE
SUITE 450
FT.LAUDERDALE, FL 33309**Current Mailing Address:**5101 NW 21 AVENUE
SUITE 450
FT.LAUDERDALE, FL 33309 US**FEI Number:** 65-0280095**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**PETERSON, CYNTHIA S.
5101 NW 21 AVENUE
SUITE S-450
FT LAUDERDALE, FL 33309 US*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

Officer/Director Detail :Title D
Name CHANDRAN, KUTTY M.D.
Address 5101 NW 21ST AVE, STE 450
City-State-Zip: FORT LAUDERDALE FL 33309Title D
Name WALLACE, DANA M.D.
Address 5101 NW 21ST AVE STE 450
City-State-Zip: FT LAUDERDALE FL 33309Title D
Name ELKIN, AARON M.D.
Address 5101 NW 21ST AVE STE 450
City-State-Zip: FORT LAUDERDALE FL 33309Title D
Name HAMILTON, EDWIN M.D.
Address 5101 NW 21ST AVE STE 450
City-State-Zip: FORT LAUDERDALE FL 33309Title D
Name STEINMAN, RICHARD M.D.
Address 5101 NW 21ST AVE STE 450
City-State-Zip: FORT LAUDERDALE FL 33309Title PD
Name PRIETO, OCTAVIO M.D.
Address 5101 NW 21ST AVENUE STE 450
City-State-Zip: FORT LAUDERDALE FL 33309

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: OCTAVIO PRIETO, M.D.**PRESIDENT****04/30/2015**

Electronic Signature of Signing Officer/Director Detail

Date