2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2024
Secretary of State
7562956257CC

DOCUMENT# N44820

Entity Name: BROWARD COUNTY MEDICAL ASSOCIATION FOUNDATION, INC.

Current Principal Place of Business:

5101 NW 21 AVENUE
SUITE 510
FT.LAUDERDALE, FL 33309

Current Mailing Address:

5101 NW 21 AVENUE
SUITE 510
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-510
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 510
City-State-Zip:	FORT LAUDERDALE FL 33309

Title	D
Name	WALLACE, DANA M.D.
Address	5101 NW 21ST AVE STE 510
City-State-Zip:	FT LAUDERDALE FL 33309

Title	D
Name	ZAGHA, RALPH M.D.
Address	5101 NW 21ST AVE STE 510
City-State-Zip:	FORT LAUDERDALE FL 33309

Title	D
Name	PERLOFF, DAVID M.D.
Address	5101 NW 21ST AVE STE 510
City-State-Zip:	FORT LAUDERDALE FL 33309

Title	DIRECTOR
Name	ELKIN, AARON M.D.
Address	5101 NW 21ST AVENUE STE 510
City-State-Zip:	FORT LAUDERDALE FL 33309

Title	PRESIDENT
Name	BERENS, ABRAM MD
Address	5101 NW 21ST AVENUE SUITE 510
City-State-Zip:	FT 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: ABRAM BERENS, MD PRESIDENT 04/30/2024

Electronic Signature of Signing Officer/Director Detail — Date