2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000000967

Entity Name: BROWARD COUNTY MEDICAL ASSOCIATION

PHYSICIAN/EMPLOYEES PROVIDER PLAN, INC.

Apr 27, 2022 **Secretary of State** 3817098094CC

FILED

Current Principal Place of Business:

5101 N.W. 21ST AVE.

STE 510

FT. LAUDERDALE, FL 33309

Current Mailing Address:

5101 N.W. 21ST AVE.

STE 510

FT. LAUDERDALE, FL 33309 US

FEI Number: 65-0812616 Certificate of Status Desired: No.

Name and Address of Current Registered Agent:

PETERSON, CYNTHIA S 5101 N.W. 21ST AVE., STF 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:

Date Electronic Signature of Registered Agent

Officer/Director Detail:

Title Title

PALAMARA, ARTHUR ELKIN, AARON M.D. Name Name

1150 N. 35TH AVENUE 5101 NW 21ST AVENUE STE 450 Address Address

SUITE 460

FORT LAUDERDALE FL 33309 City-State-Zip: City-State-Zip: HOLLYWOOD FL 33021

Title

CHANDRAN, KUTTY Name Address 5101 NW 21ST AVENUE

SUITE 450

FT. LAUDERDALE FL 33309 City-State-Zip:

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

P/D

04/27/2022