2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000000967

Entity Name: BROWARD COUNTY MEDICAL ASSOCIATION

PHYSICIAN/EMPLOYEES PROVIDER PLAN, INC.

Current Principal Place of Business:

5101 N.W. 21ST AVE., STE. 450 FT. LAUDERDALE, FL 33309

Current Mailing Address:

5101 N.W. 21ST AVE.,STE.450 FT. LAUDERDALE, FL 33309

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

Name and Address of Current Registered Agent:

PETERSON, CYNTHIA S 5101 N.W. 21ST AVE.,STE.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

FILED Apr 30, 2019

Secretary of State

1661989720CC

Officer/Director Detail:

Title PD Title D

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

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

City-State-Zip:

Name

FORT LAUDERDALE FL 33309

HAMILTON, EDWIN

SUITE 460

City-State-Zip: HOLLYWOOD FL 33021

Title D

Name CHANDRAN, KUTTY

Address 2323 NW 19TH ST #2

Address 5101 NW 21ST AVENUE SUITF 450 City-State-Zip: FT. LAUDERDALE FL 33311

SUITE 450
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: ARTHUR E. PALAMARA, M.D.

PRESIDENT

04/30/2019