

FILE NOW: FILING FEE IS \$61.25

FILED
May 20 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **765309** (0)
1. Corporation Name
BROWARD REGIONAL HEALTH PLANNING COUNCIL, INC.



Principal Place of Business 915 MIDDLE RIVER DRIVE, STE 303 SUITE 521 FORT LAUDERDALE FL 33304 US	Mailing Address 915 MIDDLE RIVER DRIVE, STE 303 SUITE 521 FORT LAUDERDALE FL 33304 US
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3. Date Incorporated or Qualified 10/06/1982	
4. FEI Number 59-2274772	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent WERNER, JOHN H. 915 MIDDLE RIVER DRIVE SUITE 521 FT. LAUDERDALE FL 33304-0561	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	NAME THOMAS, ANTHONY	1.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS 3015 N OCEAN BLVD #118	CITY-ST-ZIP FT LAUDERDALE FL	1.2 NAME	
TITLE VD	NAME KRAYER, ANTHONY C. III	1.3 STREET ADDRESS	
STREET ADDRESS 340 W. TROPICAL WAY	CITY-ST-ZIP PLANTATION FL	1.4 CITY-ST-ZIP	2.1 TITLE Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE TD	NAME AUSTIN, DANIEL L. PH.D.	2.2 NAME	
STREET ADDRESS 7281 NW 7 STREET	CITY-ST-ZIP PLANTATION FL	2.3 STREET ADDRESS	
TITLE SD	NAME TUPLER, AUSTIN	2.4 CITY-ST-ZIP	3.1 TITLE Change <input type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS 6570 S W 47TH CT	CITY-ST-ZIP DAVIE FL	3.2 NAME	
TITLE	NAME	3.3 STREET ADDRESS	
STREET ADDRESS		3.4 CITY-ST-ZIP	4.1 TITLE Change <input type="checkbox"/> Addition <input type="checkbox"/>
CITY-ST-ZIP		4.2 NAME	
		4.3 STREET ADDRESS	
		4.4 CITY-ST-ZIP	5.1 TITLE Change <input type="checkbox"/> Addition <input type="checkbox"/>
		5.2 NAME	
		5.3 STREET ADDRESS	
		5.4 CITY-ST-ZIP	6.1 TITLE Change <input type="checkbox"/> Addition <input type="checkbox"/>
		6.2 NAME	
		6.3 STREET ADDRESS	
		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, on an attachment with an address.

SIGNATURE: 

CR2E037 (10/97)