

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 21, 2003 8:00 am
Secretary of State

02-21-2003 90173 027 ****70.00

DOCUMENT # 765309



1. Entity 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**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2274772**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WERNER, JOHN H.
915 MIDDLE RIVER DRIVE
SUITE 120
FT. LAUDERDALE FL 33304-0561**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
PD	KRAYER, ANTHONY C. III	340 W. TROPICAL WAY	PLANTATION FL	<input type="checkbox"/>	<input type="checkbox"/>
VD	FRIEDMAN, BERNIE	7281 NW 7 STREET	PLANTATION FL 33317	<input checked="" type="checkbox"/>	<input type="checkbox"/>
TD	TUPLER, AUSTIN	6570 SW 47 COURT	DAVIE FL 33314	<input type="checkbox"/>	<input type="checkbox"/>
SD	HUGHES, DAVID	21 JASMIN COURT	PLANTATION FL 33317	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)