

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 765309

**Entity Name:** BROWARD REGIONAL HEALTH PLANNING COUNCIL, INC.

**Current Principal Place of Business:**

200 OAKWOOD LANE  
SUITE 100  
HOLLYWOOD, FL 33020

**Current Mailing Address:**

200 OAKWOOD LANE  
SUITE 100  
HOLLYWOOD, FL 33020 US

**FEI Number:** 59-2274772

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

DE LUCCA, MICHAEL CEO  
200 OAKWOOD LANE  
SUITE 100  
HOLLYWOOD, FL 33020 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 CHAI  
Name EFFMAN, BARBARA S  
Address 13150 NW 11 STREET  
City-State-Zip: SUNRISE FL 33323

Title V/CH  
Name ROACH, DAVID  
Address 9305 NW 46 STREET  
City-State-Zip: SUNRISE FL 33351

Title T  
Name BLAVO, CYRIL  
Address 6511 NOVA DRIVE, #239  
City-State-Zip: DAVIE FL 33317

Title SD  
Name BENZ, JOHN  
Address 1643 HARRISON PARKWAY  
BUILDING H SUITE 200  
City-State-Zip: SUNRISE FL 33323

*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:** BARBARA S. EFFMAN

CHAIR

01/09/2018

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date