

**2014 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	Title	V/CH
Name	EFFMAN, BARBARA S	Name	ROACH, DAVID
Address	13150 NW 11 STREET	Address	9305 NW 46 STREET
City-State-Zip:	SUNRISE FL 33323	City-State-Zip:	SUNRISE FL 33351
Title	T	Title	SD
Name	BLAVO, CYRIL	Name	BENZ, JOHN
Address	6511 NOVA DRIVE, #239	Address	3501 JOHNSON STREET
City-State-Zip:	DAVIE FL 33317	City-State-Zip:	HOLLYWOOD FL 33021

*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 01/10/2014  
\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail Date