

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 765309

Entity Name: BROWARD REGIONAL HEALTH PLANNING COUNCIL, INC.

FILED
Jan 16, 2024
Secretary of State
7536335590CC

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:

FALCONE, YOLANDA
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 MORRISON, SAMUEL
Address 1301 NE 16 AVENUE
APT A
City-State-Zip: FORT LAUDERDALE FL 33304

Title SD
Name AFRICK, PAMELA
Address 43 ROYAL PALM DRIVE
City-State-Zip: FORT LAUDERDALE FL 33301

Title P
Name DE LUCCA, MICHAEL
Address 200 OAKWOOD LANE, SUITE 100
City-State-Zip: HOLLYWOOD FL 33020

Title T
Name FERNANDEZ, ALEX
Address 6810 NW 101 TERRACE
City-State-Zip: PARKLAND FL 33076

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: MICHAEL DE LUCCA

PRESIDENT

01/16/2024

Electronic Signature of Signing Officer/Director Detail

Date