

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

DOCUMENT# N11000009707

**FILED**  
**Apr 30, 2018**  
**Secretary of State**  
**CC8227503595**

**Entity Name:** BROWARD BEHAVIORAL HEALTH COALITION, INC.

**Current Principal Place of Business:**

3521 WEST BROWARD BOULEVARD  
SUITE 206  
LAUDERHILL, FL 33312

**Current Mailing Address:**

3521 WEST BROWARD BOULEVARD  
SUITE 206  
LAUDERHILL, FL 33312 US

**FEI Number:** 45-3675836

**Certificate of Status Desired:** No

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

KLAHR, JULIE F.  
GOREN CHEROF DOODY & EZROL, P.A.  
3099 E. COMMERCIAL BLVD., SUITE 200  
FORT LAUDERDALE, FL 33308 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:** JULIE F. KLAHR

04/30/2018

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title SECRETARY  
Name MEROLLA, NANCY L.  
Address 2500 WESTON ROAD, SUITE 100  
City-State-Zip: WESTON FL 33331

Title CHAIRMAN  
Name WEXLER, LOIS  
Address 510 TORCHWOOD AVENUE  
City-State-Zip: PLANTATION FL 33324

Title VC  
Name RICH, NAN  
Address 115 SOUTH ANDREWS AVENUE  
ROOM 414  
City-State-Zip: FORT LAUDERDALE FL 33301

Title TREASURER  
Name BRUNSON, ANTHONY  
Address C/O SHARPTON 110 E. BROWARD  
BLVD.  
City-State-Zip: FORT LAUDERDALE FL 33301

*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:** LOIS WEXLER

**PRESIDENT**

04/30/2018

Electronic Signature of Signing Officer/Director Detail

Date