

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 765309 (0)**

1. Corporation Name

**BROWARD REGIONAL HEALTH PLANNING COUNCIL, INC.**



Principal Place of Business

Mailing Address

915 MIDDLE RIVER DRIVE, STE 303  
SUITE 521  
FORT LAUDERDALE FL 33304  
US

915 MIDDLE RIVER DRIVE, STE 303  
SUITE 521  
FORT LAUDERDALE FL 33304  
US

3. Date Incorporated or Qualified  
**10/06/1982**

3a. Date of Last Report  
**05/01/1995**

2. Principal Place of Business  
**21 915 Middle River Drive**

2a. Mailing Address  
**26 915 Middle River Drive**

4. FEI Number  
**59-2274772**

Applied For  
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

City & State

City & State

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

Zip Country

Zip Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WERNER, JOHN H.  
915 MIDDLE RIVER DRIVE  
SUITE 521  
FT. LAUDERDALE FL 33304-0561**

81 Name

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

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE  
NAME **PD THOMAS, ANTHONY**  
STREET ADDRESS **3015 N OCEAN BLVD #118**  
CITY-ST-ZIP **FT LAUDERDALE FL**

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME **VD KRAYE, ANTHONY C. III**  
STREET ADDRESS **340 W. TROPICAL WAY**  
CITY-ST-ZIP **PLANTATION FL**

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME **SD AUSTIN, DANIEL L. PH.D.**  
STREET ADDRESS **7281 NW 7 STREET**  
CITY-ST-ZIP **PLANTATION FL 33317**

3.1 TITLE ☒ Change ☐ Addition  
3.2 NAME **TD Austin, Daniel L., Ph.d.**  
3.3 STREET ADDRESS **7281 NW 7 Street**  
3.4 CITY-ST-ZIP **Plantation, FL 33317**

TITLE ☐ DELETE  
NAME **DT TUPLER, AUSTIN**  
STREET ADDRESS **6570 S W 47TH CT**  
CITY-ST-ZIP **DAVIE FL**

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME **SD Tupler, Austin**  
4.3 STREET ADDRESS **6570 SW 47 Court**  
4.4 CITY-ST-ZIP **Davie, FL**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*John H. Werner*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 24, 1996 (954) 561-9681

Date

Daytime Phone #

CR2E037 (12/95)