2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#765309

FILED Jan 13, 2012 Secretary of State

Entity Name: BROWARD REGIONAL HEALTH PLANNING COUNCIL, INC.

Current Principal Place of Business: New Principal Place of Business:

915 MIDDLE RIVER DRIVE 200 OAKWOOD LANE

SUITE 120 SUITE 100

FORT LAUDERDALE, FL 33304 US HOLLYWOOD, FL 33020 US

Current Mailing Address: New Mailing Address:

915 MIDDLE RIVER DRIVE 200 OAKWOOD LANE

SUITE 120 SUITE 100

FORT LAUDERDALE, FL 33304 US HOLLYWOOD, FL 33020 US

FEI Number: 59-2274772 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

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

DE LUCCA, MICHAEL CEO
915 MIDDLE RIVER DRIVE
SUITE 120

DE LUCCA, MICHAEL CEO
200 OAKWOOD LANE
SUITE 100

FT. LAUDERDALE, FL 333040561 US 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: 01/13/2012

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: CHAI

Name: EFFMAN, BARBARA S Address: 13150 NW 11 STREET City-St-Zip: SUNRISE, FL 33323 US

Title: V/CH

 Name:
 ROACH, DAVID

 Address:
 9305 NW 46 STREET

 City-St-Zip:
 SUNRISE, FL 33351

Title: T

Name: BLAVO, CYRIL

Address: 6511 NOVA DRIVE, #239 City-St-Zip: DAVIE, FL 33317

Title: SD

Name: BENZ, JOHN

Address: 3501 JOHNSON STREET City-St-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: MICHAEL DE LUCCA CEO 01/13/2012