

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

**APPROVED
AND
FILED**

95 MAY - 1 PM 11:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 765309 (0)
1. Corporation Name
BROWARD REGIONAL HEALTH PLANNING COUNCIL, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
915 MIDDLE RIVER DRIVE, STE 303 915 MIDDLE RIVER DRIVE, STE 303
SUITE 521 SUITE 521
FORT LAUDERDALE FL 33304 FORT LAUDERDALE FL 33304
US US

3. Date Incorporated or Qualified 10/06/1982 3a. Date of Last Report 05/01/1994
4. FEI Number 59-2274772 Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip Country 29 Zip Country 30

9. Name and Address of Current Registered Agent
WERNER, JOHN H.
915 MIDDLE RIVER DRIVE
SUITE 521
FT. LAUDERDALE FL 33304-0561

10. Name and Address of New Registered Agent
B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City FL B5 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	THOMAS, ANTHONY
STREET ADDRESS	3015 N OCEAN BLVD #118
CITY - ST - ZIP	FT LAUDERDALE FL
TITLE	VD
NAME	KRAYER, ANTHONY C. III
STREET ADDRESS	340 W. TROPICAL WAY
CITY - ST - ZIP	PLANTATION FL
TITLE	SD
NAME	AUSTIN, DANIEL L. PH.D.
STREET ADDRESS	7281 NW 7 STREET
CITY - ST - ZIP	PLANTATION FL 33317
TITLE	DT
NAME	TUPLER, AUSTIN
STREET ADDRESS	6570 S W 47TH CT
CITY - ST - ZIP	DAVIE FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	400001511734
1.3 STREET ADDRESS	-06/13/95--01050--001
1.4 CITY - ST - ZIP	****183.75 *****51.25
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 address.

SIGNATURE: [Signature] 4/27/95 (305) 561-9681
DATE: _____ OFFICER OR DIRECTOR