

FILE NOW: FILING FEE IS \$61.25

FILED  
May 15 1997 8:00am  
Secretary of State

|   |   |   |
|---|---|---|
| NONPROFIT CORPORATION<br>ANNUAL REPORT<br><b>1997</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|---|---|---|

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



|   |  |
|---|--|
| Principal Place of Business<br><b>915 MIDDLE RIVER DRIVE, STE 303<br/>SUITE 521<br/>FORT LAUDERDALE FL 33304<br/>US</b> | Mailing Address<br><b>915 MIDDLE RIVER DRIVE, STE 303<br/>SUITE 521<br/>FORT LAUDERDALE FL 33304-3580<br/>US</b> |
|---|--|

|   |  |
|---|--|
| 3. Date Incorporated or Qualified<br><b>10/06/1982</b>  | 3a. Date of Last Report<br><b>04/30/1996</b>           |
| 4. FEI Number<br><b>59-2274772</b>  | Applied For<br><input type="checkbox"/> Not Applicable |
| 6. Certificate of Status Desired<br><input type="checkbox"/>  | <b>\$8.75</b> Additional Fee Required                  |
| 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/>  | <b>\$5.00</b> May Be Added to Fees                     |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |

|   |  |
|---|--|
| 2. Principal Place of Business<br>21 Suite, Apt. #, etc.<br>22 City & State<br>23 Zip Country<br>24 | 2a. Mailing Address<br>25 Suite, Apt. #, etc.<br>26 City & State<br>27 Zip Country<br>28 |
|---|--|

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  
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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS |                                      | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|--------------------------------------|---|---|
| TITLE                      | PD<br><b>THOMAS, ANTHONY</b>         | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>3015 N OCEAN BLVD #118</b>        | 1.2 NAME  |   |
| STREET ADDRESS             | <b>FT LAUDERDALE FL</b>              | 1.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |                                      | 1.4 CITY-ST-ZIP                                       |   |
| TITLE                      | VD<br><b>KRAYER, ANTHONY C. III</b>  | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>340 W. TROPICAL WAY</b>           | 2.2 NAME  |   |
| STREET ADDRESS             | <b>PLANTATION FL</b>                 | 2.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |                                      | 2.4 CITY-ST-ZIP                                       |   |
| TITLE                      | TD<br><b>AUSTIN, DANIEL L. PH.D.</b> | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>7281 NW 7 STREET</b>              | 3.2 NAME  |   |
| STREET ADDRESS             | <b>PLANTATION FL</b>                 | 3.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |                                      | 3.4 CITY-ST-ZIP                                       |   |
| TITLE                      | SD<br><b>TUPLER, AUSTIN</b>          | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>6570 S W 47TH CT</b>              | 4.2 NAME  |   |
| STREET ADDRESS             | <b>DAVIE FL</b>                      | 4.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |                                      | 4.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <input type="checkbox"/> DELETE      | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                      | 5.2 NAME  |   |
| STREET ADDRESS             |                                      | 5.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |                                      | 5.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <input type="checkbox"/> DELETE      | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                      | 6.2 NAME  |   |
| STREET ADDRESS             |                                      | 6.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |                                      | 6.4 CITY-ST-ZIP                                       |   |

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Thomas N. Anthony Date: **4/30/97** (954) 561-9681  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # 0035595

CR2E037 (9/96)