

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 13, 2001 8:00 am**  
**Secretary of State**

02-13-2001 90035 021 \*\*\*\*61.25

**DOCUMENT # 765309**

1. Entity Name  
**BROWARD REGIONAL HEALTH PLANNING COUNCIL, INC.**

Principal Place of Business <b>915 MIDDLE RIVER DRIVE, STE 303          SUITE 521          FORT LAUDERDALE FL 33304          US</b>	Mailing Address <b>915 MIDDLE RIVER DRIVE, STE 303          SUITE 521          FORT LAUDERDALE FL 33304          US</b>
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UUU1660U



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number <b>59-2274772</b>	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

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

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

**7. Name and Address of New Registered Agent**  
 Name **Werner, John H.**  
 Street Address (P.O. Box Number is Not Acceptable)  
**915 Middle River Dr.**  
**Suite 120**  
 City **Ft. Lauderdale FL 33304-0561** **FL** Zip Code **33304-0561**

8. 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 *John H. Werner* 1-29-01  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW:  
 FEE IS \$61.25**

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

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD KRAYER, ANTHONY C. III 340 W. TROPICAL WAY PLANTATION FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD FRIEDMAN, BERNIE 311 STIRLING ROAD FORT LAUDERDALE FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD TUPLER, AUSTIN 6570 SW 47 COURT DAVIE FL 33314</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD PERMISSION, SIDNEY 9500 NW 25 COURT SUNRISE FL 33322</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

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

Date Daytime Phone #

CR2E037 (10/00)