

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2002 8:00 am
Secretary of State

02-21-2002 90100 018 ****61.25

DOCUMENT # 765309

1. Entity 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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2274772

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WERNER, JOHN H.
915 MIDDLE RIVER DRIVE
SUITE 120
FT. LAUDERDALE FL 33304-0561

Name

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

City

FL

Zip Code

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 _____

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** Delete
 NAME **KRAYER, ANTHONY C. III**
 STREET ADDRESS **340 W. TROPICAL WAY**
 CITY-ST-ZIP **PLANTATION FL**

TITLE Change Addition
 NAME Change Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VD** Delete
 NAME **FRIEDMAN, BERNIE**
 STREET ADDRESS **311 STIRLING ROAD**
 CITY-ST-ZIP **FORT LAUDERDALE FL**

TITLE Change Addition
 NAME **Daniel L. Austin**
 STREET ADDRESS **7281 NW 7 Street**
 CITY-ST-ZIP **Plantation, FL 33317**

TITLE **TD** Delete
 NAME **TUPLER, AUSTIN**
 STREET ADDRESS **6570 SW 47 COURT**
 CITY-ST-ZIP **DAVIE FL 33314**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **SD** Delete
 NAME **PERMISSION, SIDNEY**
 STREET ADDRESS **9500 NW 25 COURT**
 CITY-ST-ZIP **SUNRISE FL 33322**

TITLE Change Addition
 NAME **David Hughes**
 STREET ADDRESS **21 Jasmin Ct.**
 CITY-ST-ZIP **Plantation, FL33317**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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: _____

[Handwritten Signature]

2-1-02 (954) 561-9681

CR2E037 (9/01)