

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
May 17, 2004
Secretary of State**

DOCUMENT# 765309

Entity Name: BROWARD REGIONAL HEALTH PLANNING COUNCIL, INC.

Current Principal Place of Business:

915 MIDDLE RIVER DRIVE, STE 303
SUITE 521
FORT LAUDERDALE, FL 33304 US

New Principal Place of Business:

915 MIDDLE RIVER DRIVE
SUITE 120
FORT LAUDERDALE, FL 33304 US

Current Mailing Address:

915 MIDDLE RIVER DRIVE, STE 303
SUITE 521
FORT LAUDERDALE, FL 33304 US

New Mailing Address:

915 MIDDLE RIVER DRIVE
SUITE 120
FORT LAUDERDALE, FL 33304 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:

WERNER, JOHN H.
915 MIDDLE RIVER DRIVE
SUITE 120
FT. LAUDERDALE, FL 333040561 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: KRAYER, ANTHONY C. I, II
Address: 340 W. TROPICAL WAY
City-St-Zip: PLANTATION, FL

Title: VD () Delete
Name: AUSTIN, DANIEL L
Address: 7281 NW 7 STREET
City-St-Zip: PLANTATION, FL 33317

Title: TD () Delete
Name: TUPLER, AUSTIN
Address: 6570 SW 47 COURT
City-St-Zip: DAVIE, FL 33314

Title: SD () Delete
Name: HUGHES, DAVID
Address: 21 JASMIN COURT
City-St-Zip: PLANTATION, FL 33317

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: KRAYER, ANTHONY C. I, II
Address: 6051 OCEAN DRIVE, #1405
City-St-Zip: HOLLYWOOD, FL 33019 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: ANTHONY C. KRAYER, III

PD

05/17/2004

Electronic Signature of Signing Officer or Director

Date