

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 765309

FILED  
Jan 08, 2009  
Secretary of State

Entity Name: BROWARD REGIONAL HEALTH PLANNING COUNCIL, INC.

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

FEI Number: 59-2274772      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

DE LUCCA, MICHAEL CEO  
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: CHAI ( ) Delete  
Name: DAVID HUGHES,  
Address: 21 JASMINE COURT  
City-St-Zip: PLANTATION, FL 33317 US

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

Title: T ( ) Delete  
Name: EFFMAN, BARBARA  
Address: 13150 NW 11TH STREET  
City-St-Zip: SUNRISE, FL 33323

Title: SD ( ) Delete  
Name: COR, IRA  
Address: 7870 NORTHWEST 11TH PLACE  
City-St-Zip: PLANTATION, FL 33322

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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 exemption stated in Chapter 119, 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: DAVID HUGHES

Electronic Signature of Signing Officer or Director

CHAI

01/08/2009

\_\_\_\_\_ Date