

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 765309

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

**Current Principal Place of Business:**

200 OAKWOOD LANE  
SUITE 100  
HOLLYWOOD, FL 33020

**Current Mailing Address:**

200 OAKWOOD LANE  
SUITE 100  
HOLLYWOOD, FL 33020 US

**FEI Number:** 59-2274772

**Certificate of Status Desired:** Yes

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

DE LUCCA, MICHAEL CEO  
200 OAKWOOD LANE  
SUITE 100  
HOLLYWOOD, FL 33020 US

*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

**Officer/Director Detail :**

Title CHAI  
Name EFFMAN, BARBARA S  
Address 13150 NW 11 STREET  
City-State-Zip: SUNRISE FL 33323  
  
Title T  
Name DISSETTE, MARK  
Address 6630 NE 21 LANE  
City-State-Zip: FORT LAUDERDALE FL 33308

Title V/CH  
Name BENZ, JOHN  
Address 1412 SW 15 AVENUE  
City-State-Zip: FORT LAUDERDALE FL 33312  
  
Title SD  
Name MORRISON, SAMUEL  
Address 2140 NW 4 STREET  
City-State-Zip: FORT LAUDERDALE FL 33311

*I hereby 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 all other like empowered.*

**SIGNATURE:** EFFMAN, BARBARA

CHAI

01/08/2021

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date