

**2024 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:**

FALCONE, YOLANDA  
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 V/CH  
Name MORRISON, SAMUEL  
Address 1301 NE 16 AVENUE  
APT A  
City-State-Zip: FORT LAUDERDALE FL 33304

Title SD  
Name AFRICK, PAMELA  
Address 43 ROYAL PALM DRIVE  
City-State-Zip: FORT LAUDERDALE FL 33301

Title P  
Name DE LUCCA, MICHAEL  
Address 200 OAKWOOD LANE, SUITE 100  
City-State-Zip: HOLLYWOOD FL 33020

Title T  
Name FERNANDEZ, ALEX  
Address 6810 NW 101 TERRACE  
City-State-Zip: PARKLAND FL 33076

*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:** MICHAEL DE LUCCA

**PRESIDENT**

**01/16/2024**

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

\_\_\_\_\_  
Date