

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N23000007951

**FILED**  
**Apr 23, 2024**  
**Secretary of State**  
**2681975917CC**

**Entity Name:** FAU/BROWARD HEALTH ACADEMIC PRACTICE PLAN, INC.

**Current Principal Place of Business:**

ADMINISTRATION BUILDING, ROOM 370  
777 GLADES ROAD  
BOCA RATON, FL 33431

**Current Mailing Address:**

201 E SAMPLE RD  
C/O ADMINISTRATION  
DEERFIELD BEACH, FL 33064

**FEI Number:** 93-4633006

**Certificate of Status Desired:** No

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

KIAN, DAVID L  
ADMINISTRATION BUILDING, ROOM 370  
777 GLADES ROAD  
BOCA RATON, FL 33431 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 MBR  
Name FLORIDA ATLANTIC UNIVERSITY  
BOARD OF TRUST  
Address 201 E SAMPLE RD  
City-State-Zip: DEERFIELD BEACH FL 33064

Title MBR  
Name NORTH BROWARD HOSPITAL  
DISTRICT  
Address 201 E SAMPLE RD  
City-State-Zip: DEERFIELD BEACH FL 33064

Title CHAIRPERSON  
Name VOLNICK, STACY DR.  
Address ADMINISTRATION BUILDING, ROOM  
370  
777 GLADES ROAD  
City-State-Zip: BOCA RATON FL 33431

Title VICE CHAIR  
Name STRUM, SHANE  
Address 1800 N.W. 49TH STREET  
SUITE 120  
City-State-Zip: FORT LAUDERDALE FL 33309

Title SECRETARY/TREASURER  
Name BERT, ALISA  
Address 1800 N.W. 49TH STREET  
SUITE 120  
City-State-Zip: FORT LAUDERDALE FL 33309

*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:** /S/ SHANE STRUM

**VICE CHAIR**

**04/23/2024**

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

\_\_\_\_\_  
Date