2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000109395

Entity Name: SOUTH FLORIDA DIVISION OF GFA, LLC

Current Principal Place of Business:

7700 WEST SUNRISE BOULEVARD MAILSTOP PL-6

PLANTATION, FL 33322

Current Mailing Address:

7700 WEST SUNRISE BOULEVARD
MAILSTOP PL-6

PLANTATION, FL 33322 US

FEI Number: 27-3799187 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MARCUS, JILLIAN 7700 WEST SUNRISE BOULEVARD PLANTATION, FL 33322 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: JILLIAN MARCUS 04/26/2017

Electronic Signature of Registered Agent

Authorized Person(s) Detail:

City-State-Zip:

City-State-Zip:

Title EXECUTIVE VICE PRESIDENT Title PRESIDENT, MANAGER

Name EASTRIDGE. KEVIN Name COWARD. ROBERT

Address 7700 WEST SUNRISE BOULEVARD Address 7700 WEST SUNRISE BOULEVARD

MAILSTOP PL-6 MAILSTOP PL-6

City-State-Zip: PLANTATION FL 33322 City-State-Zip: PLANTATION FL 33322

Title SENIOR VICE PRESIDENT CLINICAL Title VP, ASST. SECRETARY

Name DROZDOW, GILBERT Name MARCUS, JILLIAN

Address 7700 WEST SUNRISE BOULEVARD Address 7700 WEST SUNRISE BOULEVARD

MAILSTOP PL-6 MAILSTOP PL-6

City-State-Zip: PLANTATION FL 33322 City-State-Zip: PLANTATION FL 33322

Title SENIOR VICE PRESIDENT CLINICAL Title SECRETARY, SENIOR VICE

Name IANNACCONE, RAY PRESIDENT

Address 7700 WEST SUNRISE BOULEVARD Name WILSON, CRAIG

MAILSTOP PL-6 Address 7700 WEST SUNRISE BOULEVARD

PLANTATION FL 33322 MAILSTOP PL-6

City-State-Zip: PLANTATION FL 33322

Title CFO Title TREASURER

Name STANDIFIRD, JASON Name RUTHERFORD, KRISTY

Address 7700 WEST SUNRISE BOULEVARD
MAILSTOP PL-6 Address 7700 WEST SUNRISE BOULEVARD

PLANTATION FL 33322 MAILSTOP PL-6

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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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ROBERT COWARD MANAGER 04/26/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date

FILED Apr 26, 2017

Secretary of State

CC5928865051

Date

Authorized Person(s) Detail Continued:

Title VP Title VP

Name JOHNSON, BENJAMIN Name MORRIS, ERIN

Address 7700 WEST SUNRISE BOULEVARD Address 7700 WEST SUNRISE BOULEVARD

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