

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000153678

**Entity Name:** BROWARD OUTPATIENT ACQUISITIONS, LLC

**Current Principal Place of Business:**

150 SOUTH ANDREWS AVENUE, SUITE 440  
POMPANO BEACH, FL 33069

**Current Mailing Address:**

PO BOX 50010  
LIGHTHOUSE POINT, FL 33074 US

**FEI Number:** 46-1573540

**Certificate of Status Desired:** No

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

CT CORPORATION SYSTEM  
1200 S PINE ISLAND RD  
PLANTATION, FL 33324 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:** DONNA MOCH

02/16/2017

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name CASTROVINCI, STACEY  
Address PO BOX 50010  
City-State-Zip: LIGHTHOUSE POINT FL 33074

*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:** CASTROVINCI, STACEY

MGR

02/16/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date