2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F96000005605

Entity Name: BHC FORT LAUDERDALE HOSPITAL, INC.

Current Principal Place of Business:

367 S. GULPH RD. KING OF PRUSSIA, PA 19406

Current Mailing Address:

367 S. GULPH RD. KING OF PRUSSIA, PA 19406

FEI Number: 62-1658530

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM C/O CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD. PLANTATION, FL 33324 US Certificate of Status Desired: No

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

Officer/Director Detail :

Title	PD	Title	VPD	
Name	OSTEEN, DEBRA K	Name	FILTON, STEVE	
Address	367 S. GULPH RD.	Address	367 S. GULPH RD.	
City-State-Zip:	KING OF PRUSSIA PA 19406	City-State-Zip:	KING OF PRUSSIA PA 19406	
Title	VPD	Title	Т	
Name	HARROD, LAURENCE	Name	RAMAGANO, CHERYL K	
Address	367 S. GULPH RD.	Address	367 S. GULPH RD.	
City-State-Zip:	KING OF PRUSSIA PA 19406	City-State-Zip:	KING OF PRUSSIA PA 19406	
Title	SEC			
Name	KLEIN, MATTHEW D			
Address	367 S. GULPH RD.			
City-State-Zip:	KING OF PRUSSIA PA 19406			

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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MATTHEW D. KLEIN

SECRETARY

01/13/2014 Date

Date

Electronic Signature of Signing Officer/Director Detail