2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F96000005605

Entity Name: BHC FORT LAUDERDALE HOSPITAL, INC.

FILED Jan 25, 2011 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

6640 CAROTHERS PARKWAY 367 S. GULPH RD.

SUITE 500 KING OF PRUSSIA, PA 19406

Current Mailing Address: New Mailing Address:

6640 CAROTHERS PARKWAY 367 S. GULPH RD.

SUITE 500 KING OF PRUSSIA, PA 19406 FRANKLIN, TN 37067 US

FEI Number: 62-1658530 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

CT CORPORATION SYSTEM C/O CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD. PLANTATION, FL 33324 US

FRANKLIN, TN 37067

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

OFFICERS AND DIRECTORS:

Title: PD

Name: OSTEEN, DEBRA K Address: 367 S. GULPH RD.

City-St-Zip: KING OF PRUSSIA, PA 19406

Title: VPD

Name: FILTON, STEVE Address: 367 S. GULPH RD.

City-St-Zip: KING OF PRUSSIA, PA 19406

Title: VPD

Name: HARROD, LARRY Address: 367 S. GULPH RD.

City-St-Zip: KING OF PRUSSIA, PA 19406

Title:

 Name:
 RAMAGANO, CHERYL K

 Address:
 367 S. GULPH RD.

 City-St-Zip:
 KING OF PRUSSIA, PA 19406

Title: SEC

Name: KLEIN, MATTHEW D Address: 367 S. GULPH RD.

City-St-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 SEC 01/25/2011