

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000041558

FILED
Apr 21, 2009
Secretary of State

Entity Name: DEERFIELD BEACH MEDICAL CENTER, LLC

Current Principal Place of Business:

6765 SUNSET STRIP, SUITE 1
SUNRISE, FL 33313

New Principal Place of Business:

6765 SUNSET STRIP, SUITE 1
SUITE 1
SUNRISE, FL 33313

Current Mailing Address:

6765 SUNSET STRIP, SUITE 1
SUNRISE, FL 33313

New Mailing Address:

6765 SUNSET STRIP, SUITE 1
SUITE 1
SUNRISE, FL 33313

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

HCRM CORP.
2200 NW CORPORATE BLVD., SUITE 401
BOCA RATON, FL 33431 US

Name and Address of New Registered Agent:

HABIBI, KAM
6765 SUNSET STRIP
SUITE 1
SUNRISE, FL 33313 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: KAM HABIBI

04/21/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: OFFI () Change (X) Addition
Name: HABIBI, KAM
Address: 6765 SUNSET STRIP, SUITE 1
City-St-Zip: SUNRISE, FL 33313

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: KAM HABIBI

OFFI

04/21/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date