

# **2014 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L08000041558

**FILED**  
**Apr 16, 2014**  
**Secretary of State**

**Entity Name:** DEERFIELD BEACH MEDICAL CENTER, LLC

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

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

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

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

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

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

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**AUTHORIZED PERSONS:**

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

I hereby 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 authorized to execute this report as required by Chapter 605, Florida Statutes.

SIGNATURE: KAM HABIBI

MGR

04/16/2014

\_\_\_\_\_  
Electronic Signature of Authorized Person

\_\_\_\_\_  
Date