

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000001618

**FILED**  
**Apr 11, 2012**  
**Secretary of State**

**Entity Name:** BROWARD COUNTY MEDICAL CENTER, LLC.

**Current Principal Place of Business:**

1084 SUNSET STRIP  
SUNRISE, FL 33313

**New Principal Place of Business:**

**Current Mailing Address:**

1084 SUNSET STRIP  
SUNRISE, FL 33313

**New Mailing Address:**

**FEI Number:** 22-3974151

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ROCHA, JOSE R  
1133 FAIRLAKE TRACE  
APT. 2002  
WESTON, FL 33326 US

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

ROCHA, JOSE R  
1084 SUNSET STRIP  
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: JOSE ROCHA

04/11/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: ROCHA, JOSE R  
Address: 1084 SUNSET STRIP  
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 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: JOSE ROCHA

MGMR

04/11/2012

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