

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000111848

**FILED**  
**Apr 30, 2012**  
**Secretary of State**

**Entity Name:** MEDICAL CENTER AT POMPANO LLC

**Current Principal Place of Business:**

200 SOUTH ANDREWS AVENUE  
SUITE 102  
FORT LAUDERDALE, FL 33301

**New Principal Place of Business:**

50 NE 26TH AVENUE  
POMPANO BEACH, FL 33062 US

**Current Mailing Address:**

200 SOUTH ANDREWS AVENUE  
SUITE 102  
FORT LAUDERDALE, FL 33301

**New Mailing Address:**

2500 WESTON ROAD  
SUITE 103  
WESTON, FL 33331

**FEI Number:** 27-3776486

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BW&T BUSINESS ADVISERS INC  
3600 RED ROAD  
SUITE 301  
MIRAMAR, FL 33025 US

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

PADRON, JOSE M  
50 NE 26TH AVENUE  
STE 206  
POMPANO BEACH, FL 33062 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 M PADRON

04/30/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: HERNANDEZ, JUAN J  
Address: 50 NE 26TH AVENUE SUITE 206  
City-St-Zip: POMPANO BEACH, FL 33062

Title: MGR  
Name: PADRON, JOSE M  
Address: 50 NE 26TH AVENUE SUITE 206  
City-St-Zip: POMPANO BEACH, FL 33062

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 M PADRON

MGRM

04/30/2012

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