
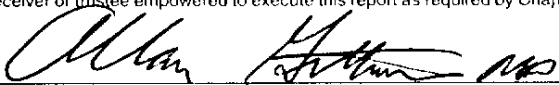


File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>FILING FEE</b> \$ 188.75		<b>Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee</b> <b>Make Check Payable To: FLORIDA DEPARTMENT OF STATE</b>	
1. Name and Mailing Address of Limited Liability Company <b>DOCUMENT #</b> L98000002385 NORTH BROWARD COMMUNITY MEDICAL CENTER, L. L.C. 4301 NORTH FEDERAL HIGHWAY, SUITE 4 POMPAÑO BEACH FL 33064		1a. Principal Place of Business Address  4301 NORTH FEDERAL HIGHWAY, POMPAÑO BEACH FL 33064	
2. Principal Place of Business  Suite, Apt. #, etc.  City & State  Zip Country		2a. Mailing Address  Suite, Apt. #, etc.  City & State  Zip Country	
3. Date Organized or Qualified  10/22/1998		3a. State of Formation  FL <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
4. FEE Number		5. Date of Last Report	
6. Certificate of Status Desired \$8.75 Additional Fee Required <input type="checkbox"/>			
7. Name and Address of Current Registered Agent  ESTES, CYNTHIA 4301 NORTH FEDERAL HIGHWAY, SUITE 4 POMPAÑO BEACH FL 33064		8. Name and Address of New Registered Agent/Office  Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City Zip Code FL	
9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.			
SIGNATURE _____		DATE _____	
(Being: New Agent Accepting Appointment or (If Old Registered Agent Signature is provided) New Agent/Office)			
10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	GITTMAN, ALLAN	4301 NORTH FEDERAL HIGHWAY	POMPAÑO BEACH FL
MGRM	ESTES, CYNTHIA	4301 NORTH FEDERAL HIGHWAY	POMPAÑO BEACH FL
4000002828354- - 3 -04/02/99--01090--018 ****188.75 ****188.75 Dec			
11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (i), Florida Statutes. I further certify that the information indicated on this annual report is true and accurate and that my 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, and that my name appears in Block 10, or on an attachment with an address.			
SIGNATURE: 		3/18/99	