

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L98000002385
1. Entity Name
 NORTH BROWARD COMMUNITY MEDICAL CENTER, L.L.C.

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

00 JUL 31 PM 1:25

Principal Place of Business
 4301 NORTH FEDERAL HIGHWAY, SUITE 4
 POMPANO BEACH FL 33064

Mailing Address
 4301 NORTH FEDERAL HIGHWAY, SUITE 4
 POMPANO BEACH FL 33064



2. Principal Place of Business
 4301 North Federal Highway
 Suite, Apt. #, etc.
 Suite 6
 City & State
 Pompano Beach, FL
 Zip
 33064
 Country
 USA

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip
 Country

DO NOT WRITE IN THIS SPACE

4. FEI Number
 65 0801205 **APPLIED FOR**

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent
 ESTES, CYNTHIA
 4301 NORTH FEDERAL HIGHWAY, SUITE 4
 POMPANO BEACH FL 33064

7. Name and Address of New Registered Agent
 Name
 Estes, Cynthia
 Street Address (P.O. Box Number is Not Acceptable)
 4301 N. Federal Hwy Suite #6
 City
 Pompano Bch FL Zip Code
 33064

8. 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 *Cynthia S. Estes*
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$50.00
 Make Check Payable to Department of State

200003349522-7
 -08/08/00--01093--003
 *****50.00 *****50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GITTMAN, ALLAN 4301 NORTH FEDERAL HIGHWAY, SUITE 4 POMPANO BEACH FL 33064	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ESTES, CYNTHIA 4301 NORTH FEDERAL HIGHWAY, SUITE 4 POMPANO BEACH FL 33064	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Suite 6	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Suite 6	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I 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 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.

SIGNATURE: *Cynthia S. Estes* **SIGNATURE REQUIRED**
 Signature and typed or printed name of signing managing member or manager

7/24/00 **954 941 8866**
 Date Daytime Phone #

CR2E083 (5/00)