

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L98000002385

1. Entity Name

NORTH BROWARD COMMUNITY MEDICAL CENTER, L.L.C.

Principal Place of Business

Mailing Address

4301 NORTH FEDERAL HIGHWAY, SUITE 6  
POMPANO BEACH FL 33064

4301 NORTH FEDERAL HIGHWAY, SUITE 6  
POMPANO BEACH FL 33064

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

FILED  
N. Broward Community Health Cntr. Inc.  
3773 N. Federal Hwy.  
Pompano Beach, FL 33064  
01 JUL 20 AM 8:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0801205

Applied For  
Not Applicable

5. Certificate of Status Desired

☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ESTES, CYNTHIA  
4301 NORTH FEDERAL HIGHWAY, SUITE 6  
POMPANO BEACH FL 33064

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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  
Due By September 26, 2001

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM  
NAME GITTMAN, ALLAN  
STREET ADDRESS 4301 NORTH FEDERAL HIGHWAY, SUITE 6  
CITY-ST-ZIP POMPANO BEACH FL 33064 ☐ Delete

TITLE MGRM  
NAME ESTES, CYNTHIA  
STREET ADDRESS 4301 NORTH FEDERAL HIGHWAY, SUITE 6  
CITY-ST-ZIP POMPANO BEACH FL 33064 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

10. N. Broward Community Health Cntr. Inc.

TITLE  
NAME 3773 N. Federal Hwy.  
STREET ADDRESS Pompano Beach, FL 33064 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME N. Broward Community Health Cntr. Inc.  
STREET ADDRESS 3773 N. Federal Hwy.  
CITY-ST-ZIP Pompano Beach, FL 33064 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
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☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ 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:

AN EXCERPT REQUIRED

941-8866  
7-17-01 (941) X204

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (5/01)

33064

STAPLE CHECK HERE