

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 25, 2002 8:00 am
Secretary of State

03-25-2002 90182 043 ****50.00

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 **N. BROWARD COMMUNITY HEALTH CNTR. INC.**
POMPAÑO BEACH FL 33064 **3773 N. FEDERAL HWY.**
N. Broward Community Health Cntr. Inc. **POMPAÑO BEACH FL 33064**
3773 N. Federal Hwy.
Pompano Beach, FL 33064

80049458



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
3773 N. Federal Hwy **Same**
Suite, Apt. #, etc. Suite, Apt. #, etc.
Pompano Beach
City & State City & State
Florida
Zip Country Zip Country
33064

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 Name
4301 NORTH FEDERAL HIGHWAY, SUITE 6 Street Address (P.O. Box Number is Not Acceptable)
POMPAÑO BEACH FL 33064 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GITTMAN, ALLAN 3773 N. FEDERAL HIGHWAY POMPAÑO BEACH FL 33064 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ESTES, CYNTHIA 3773 N. FEDERAL HIGHWAY POMPAÑO BEACH FL 33064 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Allan Gitman* **SIGNATURE REQUIRED.** 3-15-2002 (954) 941-8866
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (9/01)