

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 23, 2004 8:00 am
Secretary of State

04-23-2004 90022 024 ****50.00

DOCUMENT # L98000002385

1. Entity Name

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



Principal Place of Business

**3773 N FEDERAL HWY
POMPANO BEACH FL 33064**

Mailing Address

**3773 N FEDERAL HWY
3773 N. FEDERAL HWY.
POMPANO BEACH FL 33064**

2403446

2. Principal Place of Business

3773 H. Federal Hwy
Suite, Apt. #, etc.

3. Mailing Address

3773 H. Federal Hwy
Suite, Apt. #, etc.



MOORE

CR2E083 (11/03)

City & State

Pompano Beach

City & State

Pompano Beach

4. FEI Number

65-0801205

Applied For

Not Applicable

Zip

33064

Country

Zip

33064

Country

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 6
POMPANO BEACH FL 33064**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State
Due By May 1, 2004

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
GITTMAN, ALLAN
3773 N. FEDERAL HIGHWAY
POMPANO BEACH FL 33064** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
ESTES, CYNTHIA
3773 N. FEDERAL HIGHWAY
POMPANO BEACH FL 33064** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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CITY-ST-ZIP
☐ Delete

10. ADDITIONS/CHANGES

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

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

Alexander T...

4-20-04(954) 941-8866

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

Date

Daytime Phone #