

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Aug 23, 2005 8:00 am
Secretary of State

08-23-2005 90094 028 ****55.00

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
POMPANO BEACH FL 33064

2. Principal Place of Business

3773 N. Federal Hwy

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

2nd MOORE

CR2E083 (5/05)



City & State

Pompano Beach FL

City & State

4. FEI Number

65-0801205

Applied For

Not Applicable

Zip

33064

Country

Broward

Zip

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 Gittman, Allan

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

3773 N. Federal Hwy

City

Pompano Beach 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. 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

8-17-2005

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By September 7, 2005

9. MANAGING MEMBERS/MANAGERS

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

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

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

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

Date

Daytime Phone #

8-17-2005 (954) 741-8866