

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Feb 22, 2006 8:00 am**  
**Secretary of State**

02-22-2006 90108 038 \*\*\*\*50.00

**DOCUMENT # L98000002385**

1. Entity Name

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



Principal Place of Business

**3773 NORTH FEDERAL HIGHWAY  
POMPANO BEACH FL 33064  
US**

Mailing Address

**3773 NORTH FEDERAL HIGHWAY  
POMPANO BEACH FL 33064  
US**



2. Principal Place of Business

**3773 N. Federal Hwy**

3. Mailing Address

**3773 N. Federal Hwy**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E083 (10/05)

City & State

**Pompano Beach FL**

City & State

**Pompano Beach FL**

4. FEI Number

**65-0801205**

Applied For

Not Applicable

Zip

**33064**

Country

**Broward**

Zip

**33064**

Country

**Broward**

5. Certificate of Status Desired

☐

**\$5.00 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**GITTMAN, ALLAN  
3773 NORTH FEDERAL HIGHWAY  
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]*

(NOTE: Registered Agent signature required when reinstating)

DATE

**2-1-2006**

**FILE NOW!!! FEE IS \$50.00**

**Make Check Payable to Florida Department of State**

**Due By May 1, 2006**

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

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10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 #

**(954) 941-8866**

**2-1-2006**