## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

DOCUMENT # L98000002385

1. Entity Name				FILED
L.L.C.	BROWARD COMMUNITY MED	OCAL CENTER,		07 JAN 31 PM 4: 26
Principal Plac	ce of Business	Mailing Address		
	'H FEDERAL HIGHWAY BEACH FL 33064	3773 NORTH FEDERAL POMPANO BEACH FL US		SECKETAGE OF STATE
2. Principal P 3773 Suite, Apt.	3 H. Federal Huy	3. Mailing Address 3773 A F Suite, Apt. #, etc.	Federal	they
Suite, Apt.	- π, etc.	Suite, Apr. #, etc.		1st MOORE CR2E083 (10/06)
	ano Beach, 71	<del></del>	Bench,	
Zip \	264 Broward	33064	Brown	5. Certificate of Status Desired
	6. Name and Address of Current Re			7. Name and Address of New Registered Agent
			Name	**
GITTMAN, ALLAN 3773 NORTH FEDERAL HIGHWAY POMPANO BEACH FL 33064			Street Add	ass (P.O. Box Number is Not Acceptable)
, 0.				
			City	FL Zip Code
	e named entity submits this statement for the tions of registered agent.	no purpose of changing its r	registered office or re	gistered agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE	Signature, typed or printed name of registered agent and	tric d applicable. (NOTE	Registered Agent signature r	sourced when reinstating) DATE
	ognation, tyres or printed these or registered ages and			. 1900087605079
		Make Check Payable	W!!! FEE IS \$50.	<b>'' 1</b> 02/88/07==01001==017 www.nn oo
•			By May 1, 2007	siliciti oi otate
9,	MANAGING MEMBERS	 S/MANAGERS	10.	
11111	MGRM	☐ Delete	THUE	☐ Ctrange ☐ Addition
NAMI	GITTMAN, ALLAN		NAME	
STREET FADDRESS CITY ST 7IP	3773 N. FEDERAL HIGHWAY		STREET ADDRESS CITY SEZIP	
THU	POMPANO BEACH FL 33064	Delete	11111	☐ Change ☐ Addition
NAMI		∟ Delete	NAME	Change Auditor
STREET LADDRESS			STREET ADDRESS	
CITY ST /IP			CITY ST ZIP	
[1]]]	<u></u>	☐ Delele	NAMI	Change Addition
NAMI STREET ADDRESS			STREET ADDRESS	
CHY S1-ZIP			CHY SI 78°	
11111		Delete	HITE	☐ Change ☐ Addition
NAME STREET ADDRESS			NAMI STREET ADDRESS	
CITY St-ZIP			CHY ST ZIP	
ını		☐ Delete	mu	Change Addition
NAMI			NAME	
	1		STREE LADDRESS	
STREET ADDRESS			CITA 61 VID	
CHY SI 7IP		□ <b>8.</b> 00	CHY ST ZIP	T Change Addition
		☐ Delete	CHY ST ZIP  TITLE  NAME	☐ Change ☐ Addition
UITY ST ZIP  UITT  NAME  STREET AODRESS		☐ Delete	THU NAME STREET ADDRESS	☐ Change ☐ Addition
CHY SL ZIP  BILL  NAME  SIRECT ADDRESS  CHY SL-ZIP			THUE NAME STRUCT ADDRESS CHY ST ZIP	
CITY ST ZIP  BITT  NAME  STREET ADDRESS  CITY ST-ZIP  11. I hereby indicated	certify that the information supplied with to on this report is true and accurate and to ability company or the recover or trustee	this filing does not qualify to hat my signature shall have	ITILE NAME STREET ADDRESS CITY ST ZIP  or the exemptions core the same legal effect	ntained in Section 119, Florida Statutes. I further certify that the information t as if made under oath; that I am a managing member or manager of the
CHY SI ZIP  BITT NAME STREET ADDRESS CHY SI-ZIP  11. I hereby indicated	d on this report is true and accurate and t	this filing does not qualify to hat my signature shall have	ITILE NAME STREET ADDRESS CITY ST ZIP  or the exemptions core the same legal effect	tained in Section 119, Florida Statutes. I further certify that the information tas if made under eath; that I am a managing member or manager of the Chapter 608, Florida Statutes.
CHY SI ZIP  BITT NAME STREET ADDRESS CHY SI-ZIP  11. I hereby indicated	d on this report is true and accurate and tability company or the receiver or trustee	this filing does not qualify to hat my signature shall have empowered to execute this	NAME STREET ADDRESS CITY ST ZIP  or the exemptions con the same logal effect report as required by	Italined in Section 119, Florida Statutes. I further certify that the information tas if made under eath; that I am a managing member or manager of the Chapter 608, Florida Statutes.  1-23-02 (974) 941-8864