

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000003001

FILED  
Apr 14, 2004  
Secretary of State

**Entity Name:** FORT LAUDERDALE HOSPITAL MANAGEMENT, L.L.C.

**Current Principal Place of Business:**

1601 EAST LAS OLAS BOULEVARD  
FORT LAUDERDALE, FL 33301

**New Principal Place of Business:**

**Current Mailing Address:**

1601 EAST LAS OLAS BOULEVARD  
FORT LAUDERDALE, FL 33301

**New Mailing Address:**

**FEI Number:** 65-0925118

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

NATIONSCORP REGISTERED AGENTS, INC.  
526 EAST PARK AVE.  
TALLAHASSEE, FL 32301 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGRM ( ) Delete  
Name: CURY, NEAL G  
Address: 1550 N.W. 101ST WAY  
City-St-Zip: PLANTATION, FL 33332

Title: MGRM ( ) Delete  
Name: AXON LIMITED PRNERS, HIP  
Address: 14400 MARTIN DR.  
City-St-Zip: EDEN PRAIRIE, MN 55344

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGRM ( ) Change (X) Addition  
Name: BRADY, STEVE J  
Address: 2480 BRUEN LANE  
City-St-Zip: EASTON, PA 18040

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: NEAL G CURY

MGRM

04/14/2004

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date