


**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jul 05, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # L99000003001**  
 1. Entity Name  
**FORT LAUDERDALE HOSPITAL MANAGEMENT, L.L.C.**



Principal Place of Business <b>280 MADISON AVE SUITE 305 NEW YORK, NY 10016</b>	Mailing Address <b>280 MADISON AVE SUITE 305 NEW YORK, NY 10016</b>
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**DO NOT WRITE IN THIS SPACE**



06282005No Chg-LLC CR2E083 (10/03)

4. FEI Number <b>65-0925118</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
**NATIONSCORP REGISTERED AGENTS, INC.  
 526 EAST PARK AVE.  
 TALLAHASSEE, FL 32301**

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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00 Due by September 7, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CURY, NEAL G 1550 N.W. 101ST WAY PLANTATION, FL 33332
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM AXON LIMITED PRTRNSHIP 14400 MARTIN DR. EDEN PRAIRIE, MN 55344
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BRADY, STEVE J 2480 BRUEN LANE EASTON, PA 18040
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: [Signature] Date: 6/28/05 Daytime Phone #: 212-299-5821  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE