

**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
**280 MADISON AVE SUITE 305
NEW YORK, NY 10016**

Mailing Address
**280 MADISON AVE SUITE 305
NEW YORK, NY 10016**

DO NOT WRITE IN THIS SPACE



06282005No Chg-LLC

CR2E083 (10/03)

4. FEI Number
65-0925118

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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

**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 PARTNERSHIP
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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000370594
07/05/05-80022-014 50.00

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IN THIS SPACE**

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, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #