

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jul 31, 2006 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**



07052006No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

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.
1574 VILLAGE SQUARE BLVD
SUITE 100
TALLAHASSEE, FL 32309**

**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 6, 2006

9. MANAGING MEMBERS/MANAGERS

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

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09/01/06-80008-009 50.00

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

Richard KREISCH 7/26/06 212-243-1585