

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 26, 2005 08:00 AM
Secretary of State

DOCUMENT # N18087

1. Entity Name
MEMORIAL HEALTH SYSTEM OF BROWARD, INC.



Principal Place of Business

**C/O FRANK V. SACCO
3501 JOHNSON STREET
HOLLYWOOD, FL 33021**

Mailing Address

**C/O FRANK V. SACCO
3501 JOHNSON STREET
HOLLYWOOD, FL 33021**

DO NOT WRITE IN THIS SPACE



06292005 No Chg-NP CR2E037 (10/03)

4. FEI Number
65-0044005

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SACCO, FRANK V.
3501 JOHNSON STREET
HOLLYWOOD, FL 33021**

**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 \$61.25
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	VCD
NAME	FINDER, RICHARD M.D
STREET ADDRESS	3501 JOHNSON STREET
CITY-ST-ZIP	HOLLYWOOD, FL 33021
TITLE	ST
NAME	KRAYER, ANTHONY C III
STREET ADDRESS	3501 JOHNSON ST
CITY-ST-ZIP	HOLLYWOOD, FL
TITLE	PD
NAME	SACCO, FRANK V.
STREET ADDRESS	3501 JOHNSON STREET
CITY-ST-ZIP	HOLLYWOOD, FL
TITLE	VCD
NAME	REISS, GERALD A
STREET ADDRESS	3501 JOHNSON STREET
CITY-ST-ZIP	HOLLYWOOD, FL 33021
TITLE	D
NAME	REISS, GERALD A
STREET ADDRESS	3501 JOHNSON ST
CITY-ST-ZIP	HOLLYWOOD, FL 33021
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000374475
07/26/05-BU001-001 70.00

**DO NOT WRITE
IN THIS SPACE**

12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Frank V. Sacco* **Frank V. Sacco**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/29/05 954-987-2000

Date

Daytime Phone #