
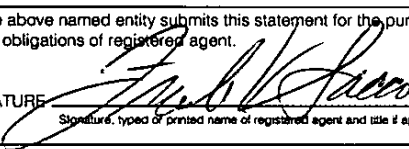
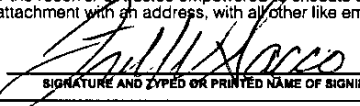


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 14, 2006 8:00 am**  
**Secretary of State**

03-14-2006 90029 009 \*\*\*\*70.00

<b>DOCUMENT # N18087</b> 1. Entity Name <b>MEMORIAL HEALTH SYSTEM OF BROWARD, INC.</b>					
Principal Place of Business <b>C/O FRANK V. SACCO 3501 JOHNSON STREET HOLLYWOOD, FL 33021</b>			Mailing Address <b>C/O FRANK V. SACCO 3501 JOHNSON STREET HOLLYWOOD, FL 33021</b>		
2. Principal Place of Business <b>3329 Johnson Street</b> <small>Suite, Apt. #, etc.</small>		3. Mailing Address <b>3329 Johnson Street</b> <small>Suite, Apt. #, etc.</small>			
City & State <b>Hollywood, Florida</b>		City & State <b>Hollywood, Florida</b>		4. FEI Number <b>65-0044005</b>	
Zip <b>33021</b>		Country <b>USA</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>SACCO, FRANK V. 3501 JOHNSON STREET HOLLYWOOD, FL 33021</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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.  <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;">           SIGNATURE   <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div style="width: 40%; text-align: center;"> <b>Registered Agent/ Frank V. Sacco, Director</b> </div> <div style="width: 20%; text-align: right;"> <b>2/17/06</b>  <small>DATE</small> </div> </div>					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VCD FINDER, RICHARD M.D 3501 JOHNSON STREET HOLLYWOOD, FL 33021</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST KRAYER, ANTHONY C III 3501 JOHNSON ST HOLLYWOOD, FL</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD SACCO, FRANK V. 3501 JOHNSON STREET HOLLYWOOD, FL</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VCD REISS, GERALD A 3501 JOHNSON STREET HOLLYWOOD, FL 33021</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D REISS, GERALD A 3501 JOHNSON ST HOLLYWOOD, FL 33021</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
12. 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 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.					
<b>SIGNATURE:</b>  <b>Frank V. Sacco, Director 2/17/06 954-985-5933</b>					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					