2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2010
Secretary of State

DOCUMENT# N18087

Entity Name: MEMORIAL HEALTH SYSTEM OF BROWARD, INC.

Current Principal Place of Business:

3329 JOHNSON ST
HOLLYWOOD, FL 33021

New Principal Place of Business:

Current Mailing Address:

3329 JOHNSON ST
HOLLYWOOD, FL 33021

New Mailing Address:

FEI Number: 65-0044005 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

SACCO, FRANK V.
3329 JOHNSON ST.
HOLLYWOOD, FL 33021 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: CD
Name: TYNAN, KEVIN P
Address: 3329 JOHNSON STREET
City-St-Zip: HOLLYWOOD, FL 33021

Title: VCD
Name: PRIMEAU, JOHN G
Address: 3329 JOHNSON ST
City-St-Zip: HOLLYWOOD, FL 33021

Title: PD
Name: SACCO, FRANK V
Address: 3329 JOHNSON STREET
City-St-Zip: HOLLYWOOD, FL 33021

Title: D
Name: REICH, ALAN MD
Address: 3329 JOHNSON STREET
City-St-Zip: HOLLYWOOD, FL 33021

Title: D
Name: BACALLAO, JOSIE
Address: 3329 JOHNSON STREET
City-St-Zip: HOLLYWOOD, FL 33021

Title: ST
Name: KRAYER, ANTHONY C
Address: 3329 JOHNSON STREET
City-St-Zip: HOLLYWOOD, FL 33021

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: FRANK V. SACCO P/D 02/05/2010

Electronic Signature of Signing Officer or Director — Date