


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED  
Mar 24, 2006 08:00 AM  
Secretary of State**

**DOCUMENT # P04000126090**  
1. Entity Name  
**GULFSTREAM MEDICAL CENTER BROWARD, INC.**



Principal Place of Business      Mailing Address  
**2500 E. HALLANDALE BCH BLVD., SUITE QR  
HALLANDALE BCH, FL 33009**      **2500 E. HALLANDALE BCH BLVD., SUITE QR  
HALLANDALE BCH, FL 33009**

**DO NOT WRITE IN THIS SPACE**



03222006    No Chg-P    CRZE034 (11/05)

4. FEI Number      Applied For  
**20-1600188**       Not Applicable

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

6. Name and Address of Current Registered Agent  
**GOULD, PHILIP R  
4000 HOLLYWOOD BLVD., SUITE 485 SOUTH  
HOLLYWOOD, FL 33021**

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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing      **\$5.00** May Be  
Trust Fund Contribution.       Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOULD, PHILIP R 2500 E. HALLANDALE BCH BLVD., SUITE QR HALLANDALE BCH, FL 33009
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U00000479608  
04/10/06-80006-024 150.00

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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 607, 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: *Philip R Gould*      3.22-06      954/456-2900  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #