


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2007 08:00 A
Secretary of State

DOCUMENT # P04000126090 1. Entity Name GULFSTREAM MEDICAL CENTER BROWARD, INC.	
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Principal Place of Business 2500 E. HALLANDALE BCH BLVD., SUITE QR HALLANDALE BCH, FL 33009	Mailing Address 2500 E. HALLANDALE BCH BLVD., SUITE QR HALLANDALE BCH, FL 33009
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DO NOT WRITE IN THIS SPACE



01242007 No Chg-P CR2E034 (11/05)

4. FEI Number 20-1600188	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be 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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 04/03/07-80003-001 150.00

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:  3/21/07 95443202900

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #