


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2008 08:00 AM
Secretary of State

DOCUMENT # P04000126090

1. Entity Name
GULFSTREAM MEDICAL CENTER BROWARD, INC.



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**

DO NOT WRITE IN THIS SPACE



03262008 No Chg-P CR2E034 (11/05)

4. FEI Number
20-1600188

Applied For
 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**

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)

Signature, typed or printed name of registered agent and title if applicable DATE

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

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

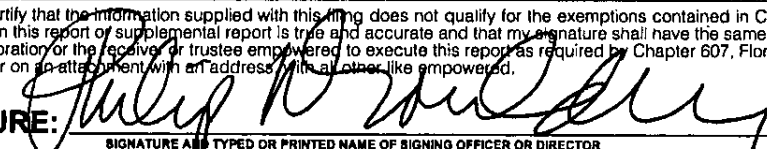
1000000873798
 04/10/08-80094-017 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	GOULD, PHILIP R
STREET ADDRESS	2500 E. HALLANDALE BCH BLVD., SUITE QR
CITY-ST-ZIP	HALLANDALE BCH, FL 33009
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 another like empowered.

SIGNATURE: 

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