

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000126090

**FILED**  
**Mar 16, 2010**  
**Secretary of State**

**Entity Name:** GULFSTREAM MEDICAL CENTER BROWARD, INC.

**Current Principal Place of Business:**

2500 E. HALLANDALE BCH BLVD., SUITE QR  
HALLANDALE BCH, FL 33009

**New Principal Place of Business:**

**Current Mailing Address:**

2500 E. HALLANDALE BCH BLVD., SUITE QR  
HALLANDALE BCH, FL 33009

**New Mailing Address:**

FEI Number: 20-1600188

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GOULD, PHILIP R  
4000 HOLLYWOOD BLVD., SUITE 485 SOUTH  
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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D  
Name: GOULD, PHILIP R  
Address: 2500 E. HALLANDALE BCH BLVD., SUITE QR  
City-St-Zip: HALLANDALE BCH, FL 33009

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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: PHILIP R. GOULD, M.D.

PRES

03/16/2010

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date