

2011 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Apr 11, 2011
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:

2300 SW 102 DRIVE
DAVIE, FL 33324

Current Mailing Address:

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

New Mailing Address:

2300 SW 102 DRIVE
DAVIE, FL 33324

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

OFFICERS AND DIRECTORS:

Title: MD
Name: GOULD, PHILIP R
Address: 2300 SW 102 DRIVE
City-St-Zip: DAVIE, FL 33324

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

MD

04/11/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date