

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000126090

FILED
Mar 18, 2012
Secretary of State

Entity Name: GULFSTREAM MEDICAL CENTER BROWARD, INC.

Current Principal Place of Business:

2300 SW 102 DRIVE
DAVIE, FL 33324

New Principal Place of Business:

Current Mailing Address:

2300 SW 102 DRIVE
DAVIE, FL 33324

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

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, M.D.

PRES

03/18/2012

_____ Electronic Signature of Signing Officer or Director

_____ Date