FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9400066205 (3)

BROWARD COMMUNITY MEDICAL CENTERS, INC.

Princip	pal P	lace	of	Busines	s
2004	MEG	T ~		PERMIT	

SIGNATURE:

Mailing Address

3901 WEST COMMERCIAL BLVD. FORT LAUDERDALE FL 33309 3801 WEST COMMERCIAL BLVD. FORT LAUDERDALE FL 33309

FILED Apr 30 1998 8:00am Secretary of State



486-6100

Suite, Apt. #, etc. 20			TOTAL BRIDGE TE S	2000		DO NOT WRITE IN THIS SPACE	E			
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Suite, Apt #, etc. Suite, Apt #, etc. City & State City & State & Country Registered Agent City & State City & State City & State Stiff Address of New Registered Agent Stiff City FL		Place of Business					Applied For			
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ZEP Country Zep Country 29						5.00 May Be				
28		T Company		0			dded to Fees			
S. Name and Address of Current Registered Agent VAKLARIA, VIAIY 507 SE 11TH COURT 3385 BRIOLE PATH LANE FT. LANDERDALE Ft. 33331 54 City FL as Zip Co 11. Pursuant to the provisions of Sections 507.0502 and 607.1508, Florida Statuties, the above-named corporation submits this statement for the purpose of changing its roffice or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as re agent. I am familiar with, and accept the chipanors of, Sections 607.0502 and 807.1508, Florida Statuties, the above-named corporation submits this statement for the purpose of changing its roffice or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as re agent. I am familiar with, and accept the chipanors of, Section 607.0502, Florida Statuties, the above-named corporation submits this statement for the purpose of changing its roffice or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as re agent. I am familiar with, and accept the chipanors of, Section 607.0502, Florida Statuties, the above-named corporation submits this statement for the purpose of changing its roffice or registered agent, or both, in the State of Florida Statuties, the above-named corporation submits this statement for the purpose of changing its roffice or registered agent, or both and corporation agent agent. I am familiar with, and accept the chipanors of Florida Statuties, the above-named corporation submits this statement for the purpose of changing its as a purpose		Country	<u>├</u> ~,		4	` ` <u></u> `				
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119 07(3)(i), Florida Statutes. I further certify that the in indicated on this annual report or supplemental annual report is frue and accurate and that my signature shall have the same legal effect as if made under oath; that I 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 appearance is a first or block 13 if changed, or on an attachment with an address.	indicated officer or	d on this annual report or supplement r director of the corporation or the rec	tal annual report is true and accu seiver or trustee empowered to e	urate and th	at my sign	lature shall have the same legal effect as if made under oa	ath; that I am an			