

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90664 049 ***150.00

DOCUMENT # S05375

1. Entity Name

BROWARD MEDICAL CENTER OF DAVIE, INC.



Principal Place of Business

**1330 RIVERLAND ROAD
FORT LAUDERDALE FL 33312
US**

Mailing Address

**1330 RIVERLAND ROAD
FORT LAUDERDALE FL 33312
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0225190**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**



MOORE CR2E034 (11/03)

6. Name and Address of Current Registered Agent

**HUNT, ROBERT F. D.O.
1330 RIVERLAND ROAD
FT. LAUDERDALE FL 33312**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **HUNT, ROBERT F.**
STREET ADDRESS **1330 RIVERLAND ROAD**
CITY-ST-ZIP **FT. LAUDERDALE FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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12. 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 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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

414104 (FSL) 321-9826