## 2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000072664

Entity Name: BROWARD HEALTH SYSTEMS LLC

illy Name. BROWARD HEALTH STSTEMS LL

**Current Principal Place of Business:** 

2340 NE 53RD STREET FORT LAUDERDALE, FL 33308

**Current Mailing Address:** 

2340 NE 53RD STREET

FORT LAUDERDALE. FL 33308

FEI Number: 20-1826653 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ROONEY, DAVID B 2340 NE 53RD STREET

FORT LAUDERDALE, FL 33308 US

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

FILED Apr 19, 2013

**Secretary of State** 

CC4347208615

## Authorized Person(s) Detail:

Title MGRM

Name ROONEY, DAVID B
Address 2340 NE 53RD STREET

City-State-Zip: FORT LAUDERDALE FL 33308

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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: DAVID B. ROONEY

**MGRM**