

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000072664

**Entity Name:** BROWARD HEALTH SYSTEMS LLC

**Current Principal Place of Business:**

1880 E COMMERCIAL BLVD  
SUITE 2  
FORT LAUDERDALE, FL 33308-3747

**Current Mailing Address:**

1880 E COMMERCIAL BLVD  
SUITE 2  
FORT LAUDERDALE, FL 33308-3747 US

**FEI Number:** 20-1826653

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

ROONEY, DAVID B  
1880 E COMMERCIAL BLVD  
SUITE 2  
FORT LAUDERDALE, FL 33308-3747 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

**Authorized Person(s) Detail :**

Title MGRM  
Name ROONEY, DAVID B MD  
Address 1880 E COMMERCIAL BLVD  
SUITE 2  
City-State-Zip: FORT LAUDERDALE FL 33308-3747

*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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** DAVID B ROONEY

MGRM

04/24/2020

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date