

2020 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L12000152439

Entity Name: BROWARD OUTPATIENT MEDICAL CENTER, LLC

Current Principal Place of Business:

150 SW 12TH AVENUE
STE 440
POMPANO BEACH, FL 33069

Current Mailing Address:

2091 NE 36TH STREET
STE 50010
POMPANO BEACH, FL 33074 US

FEI Number: 46-1562650

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PHYSICIANS FIRST MANAGEMENT SERVICE ORGANIZATION, LLC
150 SW 12TH AVENUE
SUITE 440
POMPANO BEACH, FL 33069 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: PHYSICIANS FIRST MANAGEMENT SERVICE ORGANIZATION, LLC

05/26/2020

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MS
Name SCHLAFER, THERESA
Address 150 SW 12TH AVENUE
STE 440
City-State-Zip: POMPANO BEACH FL 33069

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: THERESA SCHLAFER

MS

05/26/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date