

2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000152439

Entity Name: BROWARD OUTPATIENT MEDICAL CENTER, LLC

Current Principal Place of Business:

7901 4TH STREET N
SUITE 300
ST. PETERSBURG, FL 33702

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:

NORTHWEST REGISTERED AGENT LLC
7901 4TH ST N
STE 300
ST PETERSBURG, FL 33702 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 AUTHORIZED REPRESENTATIVE
Name AMERICAN MEDICAL
ADMINISTRATIVE SERVICES, LLC
Address 7901 4TH STREET N
SUITE 300
City-State-Zip: ST. PETERSBURG FL 33702

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: AMERICAN MEDICAL ADMINISTRATIVE SERVICES,
LLC

**AUTHORIZED
REPRESENTATIVE**

04/21/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date