

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000152439

Entity Name: BROWARD OUTPATIENT MEDICAL CENTER, LLC

Current Principal Place of Business:

150 SOUTH ANDREWS AVENUE, SUITE 480
POMPANO BEACH, FL 33069

Current Mailing Address:

150 SOUTH ANDREWS AVENUE, SUITE 480
POMPANO BEACH, FL 33069 US

FEI Number: 46-1562650

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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 MGR
Name BAUER, BRIAN
Address 150 SOUTH ANDREWS AVENUE,
SUITE 480
City-State-Zip: POMPAN 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: BRIAN BAUER

MGR

04/27/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date