

**2022 FLORIDA LIMITED LIABILITY COMPANY 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

04/12/2022

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title AUTHORIZED REPRESENTATIVE  
Name AMERICAN MEDICAL  
ADMINISTRATIVE SERVICES, LLC  
Address 2091 NE 36TH STREET  
STE 50010  
City-State-Zip: POMPANO BEACH FL 33074

*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**

04/12/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date