

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000124698

**Entity Name:** RICHARDS MEDICAL CENTER, LLC

**Current Principal Place of Business:**

499 NW 70TH AVENUE  
SUITE 220  
PLANTATION, FL 33317

**Current Mailing Address:**

499 NW 70TH AVENUE  
SUITE 220  
PLANTATION, FL 33317 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

BARNES, LEONA  
499 NW 70TH AVENUE  
STE 220  
PLANTATION, FL 33317 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 BARNES, LEONA  
Address 499 NW 70TH AVENUE  
SUITE 220  
City-State-Zip: PLANTATION FL 33317

Title MGR  
Name SCHMITZ, MICHELLE  
Address 499 NW 70TH AVENUE  
SUITE 220  
City-State-Zip: PLANTATION FL 33317

Title DIRECTOR  
Name RICHARDS, ARLEEN E  
Address 9522 NW 8TH CIRCLE  
9522 NW 8TH CIRCLE  
City-State-Zip: PLANTATION FL 33324

*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:** ARLEEN E RICHARDS

**DIRECTOR**

**06/13/2019**

Electronic Signature of Signing Authorized Person(s) Detail

Date