

**2022 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L18000124698

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

**Current Principal Place of Business:**

8251 WEST BROWARD BLVD # 310  
SUITE 310  
PLANTATION, FL 33324

**Current Mailing Address:**

8251 WEST BROWARD BLVD  
SUITE 310  
PLANTATION, FL 33324 US

**FEI Number:** 83-0593729

**Certificate of Status Desired:** No

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

SILVERSTEIN, KEITH D. ESQ  
3111 N. UNIVERSITY DRIVE, STE 705  
STE 310  
CORAL SPRINGS, FL 33065 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:** LEONA BARNES

05/05/2022

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name RICHARDS, ARLEEN E  
Address 8251 WEST BROWARD BLVD  
SUITE 310  
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

MANAGER

05/05/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date