

2020 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

07/02/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date