

2021 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT

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: NOT APPLICABLE****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BARNES, LEONA
8251 WEST BROWARD BLVD
STE 310
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:** LEONA BARNES

09/27/2021

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title	MGR
Name	BARNES, LEONA
Address	8251 WEST BROWARD BLVD SUITE 310
City-State-Zip:	PLANTATION FL 33324

Title	MGR
Name	E RICHARDS, ARLEEN
Address	8251 WEST BROWARD BLVD SUITE 310
City-State-Zip:	PLANTATION FL 33324

Title	DIRECTOR
Name	SCHMITZ, MICHELLE S
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

MGR

09/27/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date