

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000235306

Entity Name: BROWARD HEALTH MINISTRIES LLC

Current Principal Place of Business:

4101 NW 4TH STREET
STE 109
PLANTATION, FL 33317

Current Mailing Address:

4101 NW 4TH STREET
STE 109
PLANTATION, FL 33317 US

FEI Number: NOT APPLICABLE

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

MORRISON, CAROL A
4101 NW 4TH STREET
STE 109
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: CAROL A. MORRISON

07/24/2020

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR
Name ODDMAN, ROYSTON
Address 15951 SW 16TH STREET
City-State-Zip: PEMBROKE PINES FL 33027

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: ROYSTON ODDMAN

MANAGER

07/24/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date