

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000256015

Entity Name: DAVIE MEDICAL CENTER, LLC

Current Principal Place of Business:

ONE PARK PLAZA
NASHVILLE, TN 37203

Current Mailing Address:

PO BOX 750
NASHVILLE, TN 37202

FEI Number: 35-0583104

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
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:

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR
Name HAZEN, SAMUEL N
Address ONE PARK PLAZA
City-State-Zip: NASHVILLE TN 37203

Title MGR
Name WYATT, CHRISTOPHER F
Address ONE PARK PLAZA
City-State-Zip: NASHVILLE TN 37203

Title MGR
Name FRANCK, JOHN M II
Address ONE PARK PLAZA
City-State-Zip: NASHVILLE TN 37203

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: JOHN M. FRANCK II

MGR

04/18/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date