


2007 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT # L05000062374

1. Entity Name
BOYNTON BEACH MEDICAL CENTER LLC



Principal Place of Business
**6400 CONGRESS AVENUE, SUITE 1400
BOCA RATON, FL 33487**

Mailing Address
**6400 CONGRESS AVENUE, SUITE 1400
BOCA RATON, FL 33487**

BK

2. Principal Place of Business - No P.O. Box #
1325 South Congress Ave

3. Mailing Address
1325 South Congress Ave

Suite, Apt. #, etc.
Suite 111

Suite, Apt. #, etc.
Suite 111

City & State
Boynton Beach, FL

City & State
Boynton Beach, FL

Zip
33426

Country
Palm Beach

Zip
33426

Country
Palm Beach

FILED
07 MAY 14 PM 3:13
**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



05102007 Chg-LLC CR2E083 (12/06)

4. FEI Number
20-3045691

Applied For
 Not Applicable

5. Certificate of Status Desired **\$5.00 Additional Fee Required**

8. Name and Address of Current Registered Agent

**SCHLOSSER, MARC
6400 CONGRESS AVENUE, SUITE 1400
BOCA RATON, FL 33487**

7. Name and Address of New Registered Agent

Name
Robert Gold

Street Address (P.O. Box Number is Not Acceptable)
1325 South Congress Ave.

Suite 111

City
Boynton Beach

FL Zip Code
33426

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  **(Robert Gold)** **5-10-07**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Amended AR is \$50.00

BK

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SCHLOSSER, MARC 6400 CONGRESS AVENUE, SUITE 1400 BOCA RATON, FL 33487	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR, PRESIDENT Robert Gold 1325 South Congress Ave., Suite 111 Boynton Beach, FL 33426	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BASE, JOSEPH N 6400 CONGRESS AVENUE, SUITE 1400 BOCA RATON, FL 33487	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FELKER, DAVID 6400 CONGRESS AVE SUITE 1400 BOCA RATON, FL 33487	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FUNT, DAVID S 6400 CONGRESS AVE SUITE 1400 BOCA RATON, FL 33487	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR IJAC, DAVID 6400 CONGRESS AVE SUITE 1400 BOCA RATON, FL 33487	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 606, Florida Statutes.

SIGNATURE:  **Robert Gold** **5-10-07** **561-737-9191**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #



CORPORATION SERVICE COMPANY

L65000062374

ACCOUNT NO. : 072100000032

REFERENCE : 897080 5014227

AUTHORIZATION : *[Signature]*

COST LIMIT : \$50.00

ORDER DATE : May 14, 2007

ORDER TIME : 11:22 AM

ORDER NO. : 897080-005

CUSTOMER NO: 5014227

BK

FILED
07 MAY 14 PM 3:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ANNUAL REPORT FILING

NAME: BOYNTON BEACH MEDICAL CENTER
LLC

BK

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- XX PLAIN STAMPED COPY
- CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Carina Dunlap ext 2951

EXAMINER'S INITIALS:

RECEIVED
07 MAY 14 PM 12:51
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA