

2007 LIMITED LIABILITY COMPANY  
AMENDED ANNUAL REPORT

FILED

2007 OCT 19 PM 4:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

10/17/07 0018010 \$ 35.00



DOCUMENT # L05000062374			
1. Entity Name BOYNTON BEACH MEDICAL CENTER LLC			
Principal Place of Business 1325 SOUTH CONGRESS AVENUE, SUITE 111 BOYNTON BEACH, FL 33426		Mailing Address 1325 SOUTH CONGRESS AVENUE, SUITE 111 BOYNTON BEACH, FL 33426	
2. Principal Place of Business - No P.O. Box # 10151 Enterprise Center Blvd		3. Mailing Address Same	
Suite, Apt. #, etc. Suite 110		Suite, Apt. #, etc.	
City & State Boynton Beach, FL		City & State	
Zip 33437		Country Palm Beach	
6. Name and Address of Current Registered Agent GOLD, ROBERT 1325 SOUTH CONGRESS AVENUE, SUITE 111 BOYNTON BEACH, FL 33426		7. Name and Address of New Registered Agent Name David Felker Street Address (P.O. Box Number is Not Acceptable) 10151 Enterprise Center Blvd #110 City Boynton Beach FL Zip Code 33437	
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 <input checked="" type="checkbox"/> David Felker DATE 10/11/07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Amended AR is \$50.00		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GOLD, ROBERT 1325 SOUTH CONGRESS AVENUE, SUITE 111 BOYNTON BEACH, FL 33426 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BASE, JOSEPH N 6400 CONGRESS AVENUE, SUITE 1400 BOCA RATON, FL 33487 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Armas, Armando 10151 Enterprise Center Blvd, Ste 102 Boynton Beach, FL 33437 <input type="checkbox"/> Change <input checked="" 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	MGR Felker, David 10151 Enterprise Center Blvd, Ste 207 Boynton Beach FL 33437 <input checked="" 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	MGR Funt, David 10151 Enterprise Center Blvd, Ste 203 Boynton Beach FL 33437 <input checked="" 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	MGR Ijac, David 10151 Enterprise Center Blvd, Ste. 101 Boynton Beach, FL 33437 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GOLD, ROBERT 1325 SOUTH CONGRESS AVENUE, SUITE 111 BOYNTON BEACH, FL 33426 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Bresky, Ken 10151 Enterprise Center Blvd, Ste. 108 Boynton Beach, FL 33437 <input type="checkbox"/> Change <input checked="" 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: <input checked="" type="checkbox"/> David Felker DATE 10/11/07 <small>Signature and typed or printed name of signing managing member, manager, or authorized representative</small>			