


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT


FILED
Feb 26, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000097786
 1. Entity Name
WEST BOYNTON MEDICAL CENTER, LLC



Principal Place of Business 155 NORTH CONGRESS AVENUE BOYNTON BEACH, FL 33436	Mailing Address 155 NORTH CONGRESS AVENUE BOYNTON BEACH, FL 33436
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02212007 No Chg-LLC CR2E083 (11/05)

4. FEI Number 59-3825847	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

ANDREW, FEIN K ESQ
 980 N FEDERAL HIGHWAY
 SUITE 412
 BOCA RATON, FL 33432

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$50.00. Due by May 1, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SPEIZMAN, DAVID 155 NORTH CONGRESS AVENUE BOYNTON BEACH, FL 33496
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MARTIN, JACOB 155 NORTH CONGRESS AVE BOYNTON BEACH, FL 33436
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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 608, Florida Statutes.

SIGNATURE:  **2/21/7**

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