

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000097786

FILED
Jul 10, 2008
Secretary of State

Entity Name: WEST BOYNTON MEDICAL CENTER, LLC

Current Principal Place of Business:

155 NORTH CONGRESS AVENUE
BOYNTON BEACH, FL 33436

New Principal Place of Business:

2015 OCEAN DRIVE
SUITE 8
BOYNTON BEACH, FL 33426

Current Mailing Address:

155 NORTH CONGRESS AVENUE
BOYNTON BEACH, FL 33436

New Mailing Address:

2015 OCEAN DRIVE
SUITE 8
BOYNTON BEACH, FL 33426

FEI Number: 59-3825847 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

ANDREW, FEIN K ESQ
C/O BLOCH, MINERLEY & FEIN, PL
980 N. FEDERAL HIGHWAY, SUITE 412
BOCA RATON, FL 33432 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

MANAGING MEMBERS/MANAGERS:

ADDITIONS/CHANGES:

Title: MGR () Delete
Name: SPEIZMAN, DAVID
Address: 2393 N.W. 64TH STREET
City-St-Zip: BOCA RATON, FL 33496

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR () Delete
Name: JACOB, MARTY
Address: 22170 HOLLYHOCK TRAIL
City-St-Zip: BOCA RATON, FL 33433

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: MARTY JACOB AS MANAGER

MGR.

07/10/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date