

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000097786

FILED
Jan 15, 2009
Secretary of State

Entity Name: WEST BOYNTON MEDICAL CENTER, LLC

Current Principal Place of Business:

2015 OCEAN DRIVE
SUITE 8
BOYNTON BEACH, FL 33426

New Principal Place of Business:

Current Mailing Address:

2015 OCEAN DRIVE
SUITE 8
BOYNTON BEACH, FL 33426

New Mailing Address:

FEI Number: 59-3825847 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:

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

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

ADDITIONS/CHANGES:

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

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 JACOBS MGR 01/15/2009

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