

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000097786

**FILED**  
**Feb 07, 2012**  
**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 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  
**Name:** SPEIZMAN, DAVID  
**Address:** 2393 N.W. 64TH STREET  
**City-St-Zip:** BOCA RATON, FL 33496

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

I hereby 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

MGR

02/07/2012

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