

2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P01000014255

1. Entity Name
WEST BOCA MEDICAL CENTER, INC.



FILED

06 APR 26 PM 2:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
13737 NOEL ROAD
STE 100
DALLAS, TX 75240

Mailing Address
ATTN: DONNA JARRELL
13737 NOEL ROAD, SUITE 100
DALLAS, TX 75240

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04242006

Chg-P

CR2E034 (11/05)

4. FEI Number
75-2922710

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S PINE ISLAND RD
PLANTATION, FL 33324

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Amended AR is \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

800075046333

05/23/06--01006--020 **61.25

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DS ☐ Delete
NAME LARSEN, CAITLIN M
STREET ADDRESS 13737 NOEL ROAD, SUITE 100
CITY-ST-ZIP DALLAS, TX 75240

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE P ☒ Delete
NAME ARMIN, CRAIG
STREET ADDRESS 11620 WILSHIRE BLVD., 10TH FLOOR
CITY-ST-ZIP LOS ANGELES, CA 90025

TITLE P ☐ Change ☒ Addition
NAME MICKENS, WALTER A
STREET ADDRESS 13737 Noel Rd Ste 100
CITY-ST-ZIP Dallas TX 75240

TITLE T ☐ Delete
NAME SHERMAN, JEFFREY S
STREET ADDRESS 13737 NOEL ROAD, SUITE 100
CITY-ST-ZIP DALLAS, TX 75240

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE AS ☐ Delete
NAME MACK, KRISTINA A
STREET ADDRESS 13737 NOEL ROAD, SUITE 100
CITY-ST-ZIP DALLAS, TX 75240

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like emc

SIGNATURE: Kristina A. Mack Kristina A. Mack,
Assistant Secretary

4/24/06

469-893-2701

DATE

Daytime Phone #