

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000062374

**FILED**  
**Apr 27, 2015**  
**Secretary of State**  
**CC9245537534**

**Entity Name:** BOYNTON BEACH MEDICAL CENTER LLC

**Current Principal Place of Business:**

10151 ENTERPRISE CENTER BLVD., STE. 110  
BOYNTON BEACH, FL 33437

**Current Mailing Address:**

10151 ENTERPRISE CENTER BLVD., STE. 110  
BOYNTON BEACH, FL 33437

**FEI Number:** 20-3045691

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

WIENER, MARLYN J. ESQ.  
6111 BROKEN SOUND PARKWAY NW, STE.330  
BOCA RATON, FL 33487 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:** MARLYN J. WIENER

04/27/2015

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name BRESKY, KENNETH  
Address 10151 ENTERPRISE CENTER BLVD.,  
STE. 108  
City-State-Zip: BOYNTON BEACH FL 33437

Title MGR  
Name FELKER, DAVID  
Address 10151 ENTERPRISE CENTER BLVD.,  
STE. 209  
City-State-Zip: BOYNTON BEACH FL 33437

Title MGR  
Name RUBIN, STUART  
Address 10151 ENTERPRISE CENTER BLVD.,  
STE. 107  
City-State-Zip: BOYNTON BEACH FL 33437

Title MGR  
Name IJAC, DAVID  
Address 10151 ENTERPRISE CENTER BLVD.,  
STE 101  
City-State-Zip: BOYNTON BEACH FL 33437

Title MGR  
Name HELLMAN, DAVID  
Address 10151 ENTERPRISE CENTER BLVD.,  
STE. 103  
City-State-Zip: BOYNTON BEACH FL 33437

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** KENNETH BRESKY

**MANAGER**

04/27/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date