

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

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FILED
Apr 18, 2014
Secretary of State
CC1680137538

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

04/18/2014

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

04/18/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date