

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000097786

Entity Name: WEST BOYNTON MEDICAL CENTER, LLC

Current Principal Place of Business:

2015 OCEAN DRIVE
SUITE 8
BOYNTON BEACH, FL 33426

Current Mailing Address:

2015 OCEAN DRIVE
SUITE 8
BOYNTON BEACH, FL 33426

FEI Number: 59-3825847

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ANDREW, FEIN KESQ
C/O MINERLEY & FEIN, PL
980 N. FEDERAL HIGHWAY, SUITE412
BOCA RATON, FL 33432 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:

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

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

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

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: MARTY JACOB

MGR

01/09/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date