

**2019 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, SUITE 412  
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**

**02/07/2019**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date