

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L99000000135

**Entity Name:** ASSOCIATED FAMILY PHYSICIANS OF BOCA RATON, P.L.

**Current Principal Place of Business:**

9910 SANDALFOOT BLVD.  
SUITE 1  
BOCA RATON, FL 33428-6692

**Current Mailing Address:**

9910 SANDALFOOT BLVD.  
SUITE 1  
BOCA RATON, FL 33428-6692 US

**FEI Number:** 65-0885455

**Certificate of Status Desired:** Yes

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

B & C CORPORATE SERVICES, INC.  
ONE BISCAYNE TOWER, 21ST FL  
2 SOUTH BISCAYNE BLVD  
MIAMI, FL 33131 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 LYNDAL ALTMAN, M.D., P.A.  
Address 9910 SANDALFOOT BLVD., SUITE 1  
City-State-Zip: BOCA RATON FL 33428-6692  
  
Title MGR  
Name MITCHELL E. GOLDSTEIN, D.O., P.A.  
Address 9910 SANDALFOOT BLVD., SUITE 1  
City-State-Zip: BOCA RATON FL 33428-6692

Title MGR  
Name DUSHYANT J. UTAMSINGH, M.D.,P.A.  
Address 9910 SANDALFOOT BLVD. SUITE 1  
City-State-Zip: BOCA RATON FL 33428-6692  
  
Title MGR  
Name OWEN A. BARRUW, M.D.,P.A.  
Address 9910 SANDALFOOT BLVD., SUITE 1  
City-State-Zip: BOCA RATON FL 33428

*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:** LYNDAL ALTMAN, MD

**TREASURER**

**01/09/2014**

Electronic Signature of Signing Authorized Person(s) Detail

Date