


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 08:00 A
Secretary of State


DOCUMENT # 704612
 1. Entity Name
 BOCA RATON COMMUNITY HOSPITAL, INC.



Principal Place of Business
 800 MEADOWS ROAD
 BOCA RATON, FL 33486-2304

Mailing Address *C/O Paul E. Risner*
 800 MEADOWS ROAD
 BOCA RATON, FL 33486-2304

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04042007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-1006663	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RISNER, PAUL E ESQ
 BOCA RATON COMMUNITY HOSPITAL, INC.
 800 MEADOWS ROAD
 BOCA RATON, FL 33486

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD SCHMIDT, RICHARD L 800 MEADOWS ROAD BOCA RATON, FL 33486
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STRACK, GARY 800 MEADOWS ROAD BOCA ROATON, FL 33485
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS RISNER, PAUL E 800 MEADOWS ROAD BOCA RATON, FL 33486
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT MEINKE, KENNETH 800 MEADOWS ROAD BOCA RATON, FL 33486
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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 05/03/07-80012-003 70.00

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12. I hereby certify that the information applied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Paul E. Risner* **President, Secretary** 4/9/07 (561) 955-4284
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #